



# 2019 WHATCOM MUSEUM CAMP REGISTRATION

Childs Name \_\_\_\_\_  
First Name Middle Initial Last Name

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade level (starting in fall) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_  
Full address including house/apartment number, street, city, state, zip code

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name (person to contact if parents cannot be reached)  
\_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## Registration – circle camp(s) you would like to attend

### Camps for ages 4 – 6

July 8 – 12 STEAM                      July 22 – 26 Nature Art                      August 5 – 9 Reduce, Reuse, Recraft  
Camp fees: \_\_\_\_\_\$175 Museum Members                      \_\_\_\_\_\$200 Non-Museum Members

### Camps for ages 7 – 12

July 29 – August 2 Nature Art                      August 12 – 16 The Amazing Art of Stories  
Camp fees: \_\_\_\_\_\$225 Museum Members                      \_\_\_\_\_\$250 Non-Museum Members

### Camps for teens ages 12-15

July 15 – 19 Whatcom’s Wonders                      July 29 – August 2 No Flash Photography  
Camp fees: \_\_\_\_\_\$250 Museum Members                      \_\_\_\_\_\$300 Non-Museum Members

To register: Fill out this form; **both front and back** and return it to a Museum front desk attendant or take a picture of it and email to: [cmobrien@cob.org](mailto:cmobrien@cob.org). Once your registration form is received an invoice will be emailed to you, which will include a link to an online secure payment option via credit card.

A 10% sibling discount will be applied for each subsequent sibling in the same household.

**50% deposit is due with registration and the balance is due by July 3rd.**

### Refund Policy:

A \$50 administration fee will be applied to cancellation requests submitted to the Whatcom Museum in writing on or before July 5, 2019. After July 5, 2019, fees are non-refundable. Please note that no refund will be issued if a participant is dismissed from the program due to improper conduct.

## MEDICAL INFORMATION

Is your child allergic to any medications or foods? Yes \_\_\_\_ No \_\_\_\_

If yes, please list all allergies \_\_\_\_\_

\_\_\_\_\_

Does your child require any necessary accommodations? Yes \_\_\_\_ No \_\_\_\_

If yes, please list \_\_\_\_\_

\_\_\_\_\_

Is your child on any medications that he/she/they will need to take during camp? Yes \_\_\_\_ No \_\_\_\_

If yes, please list \_\_\_\_\_

\_\_\_\_\_

NOTE: The Whatcom Museum Staff will NOT administer any medication to your child. You child may take/administer medication to his/herself/themselves during the camp, if necessary.

### Photo Release

I understand and agree to abide by the operation rules as set by The Whatcom Museum (WM). My signature authorizes WM to use a photograph or video of my child named on this form in future promotion such as print, digital, television or social advertising. My child will not be identified by name in this promotion.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

### Medical Release

I authorize the Whatcom Museum and its staff to obtain emergency medical treatment for my child in the event of a life-threatening emergency. My signature authorizes my child to be treated by the first available medical facility and physician should the need arise and authorizes my emergency contact listed above to pick up my child from the program and make decisions regarding my child and his/her/their care if I am not available. I understand that every effort will be made to contact me in the event that such an emergency should take place.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

### Liability Release and Parental Consent

In order for my child to participate in summer camp with the Whatcom Museum, I hereby waive, release, and discharge any and all claims for damages for personal injury, and property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance the Whatcom Museum, its officials, officers, employees, volunteers, and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assignees.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE