



# 2021 WHATCOM MUSEUM CAMP REGISTRATION

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

Date of Birth \_\_\_\_\_ 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 12 - 16 ***SUPER Scientists***

July 19 – 23 ***SUPER Artists***

Camp fees: \_\_\_\_\_ \$175 Museum Members

\_\_\_\_\_ \$200 Non-Museum Member

### Camps for ages 7 – 10

July 26 – 30 ***Origin Stories: Roleplay Camp***

August 2 – 6 ***Super 8 Film and Photo Camp***

Camp fees: \_\_\_\_\_ \$200 Museum Members

\_\_\_\_\_ \$250 Non-Museum Member

To register: Fill out this form; **both front and back**, and return it to a Museum front desk attendant. 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.

### Refund Policy:

A \$50 administration fee will be applied to cancellation requests submitted to the Whatcom Museum in writing/via email on or before July 12, 2021. After July 12, 2021, 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, the undersigned, hereby grant the Whatcom Museum (WM), permission to take photographs or video of my child named on this form for future use in publicity and marketing materials such as print, digital, television, or social media. My child will not be identified by name in this promotion. By signing this form, I hereby certify that I am the parent and/or guardian of named minor on this form.

\_\_\_\_\_  
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