

The Historic Lowry House Summer Camp Registration and Release Form

Complete this form to register your child for The Historic Lowry House's summer day camp program.

IMPORTANT: We must also have the medical/liability portion completed. A separate form is required for each child.

RETURN TO: The Historic Lowry House, ATTN – SUMMER CAMP, 1205 Kildare Street, Huntsville, AL 35801
(PLEASE PRINT)

CHILD'S FULL NAME _____ Preferred Name: _____

Age _____ Grade _____

Parent(s) or Guardian _____ Address _____

City _____ State _____ Zip _____ Email _____

Phone: Home _____

Work _____ Cell _____ ADDITIONAL EMERGENCY

CONTACT(S) (if parent/s or guardian cannot be reached- may use back of sheet):

NAME _____ Phone _____

DOCTOR'S

NAME _____ PHONE _____

PREFERRED

HOSPITAL _____

INSURANCE POLICY NAME, ID NUMBER AND GROUP NUMBER:

ANY KNOWN ALLERGIES TO STINGS OR INSECT BITES?

POISON IVY? _____

FOODS? _____

OTHER MEDICAL PROBLEMS?

•I give _____ permission to pick up my child. (Parent's initials _____)

•I give permission for my child to be photographed for educational/promotional purposes.

(Parent's initials _____)

•I agree to pick up my child promptly at 4:00 pm. If I am more than 15 minutes late, I understand that an additional fee of \$25.00 per occurrence will be collected before my child will be allowed to attend camp the following day. (Parent's initials _____)

•I hereby release The Historic Lowry House, the director, employees, volunteers, and any persons associated with The Historic Lowry House from liability for any bodily injury and/or property damage suffered by my child as a result of activities during the educational program. I authorize The Historic Lowry House's representatives to arrange any necessary emergency treatment in the event that I cannot be reached.

(Parent's initials _____) •I understand that my child may be transported by vehicle to another location during the week for an activity. I will be informed of the activity and method of transport one day prior to the day trip in order for my child to opt out. (Parent's initials _____)

•I will notify staff in writing of any limitations or any activities my child is unable to participate in.

(Parent's initials _____)

Camp fee must accompany form unless other arrangements have been made.

Parent/Guardian Signature _____ Date _____