

National Multicultural Western Heritage Museum Primitive Living Day Camp Registration Form

Please check date(s): ___ Nov 11, 2017 ___ Dec 9, 2017 ___ Jan 13, 2018 ___ Feb 10, 2018

CLASS LOCATION: Western Heritage Center – 3534 E. Berry Street, Fort Worth, TX 76105

Child

First _____ Middle _____ Last _____ Gender: Male ___ Female ___

Street Address _____

Town/City _____ State _____ Zip code _____ Child's Home Phone _____

School Name _____ Grade _____ Birth date ____/____/____ Age (as of June 30, 2017) _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____

Cell phone _____ FAX _____ E-mail _____

Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____

Cell phone _____ FAX _____ E-mail _____

Occupation _____ Employer _____

Child lives with: _____

Person responsible for payment _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____

3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Table with 3 columns: Medical Problem, Required treatment, Should paramedic be called? (Yes/No)

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes ___ No ___ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes ___ No ___ If yes, explain: _____

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Does your child require a special diet?

Yes ___ No ___ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. **Parent's/Guardian's Initials** _____

I understand that the National Multicultural Western Heritage Museum (NMWHM) and its co-organizers/employees/volunteers/assigns will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. **Parent's/Guardian's Initials** _____

Please check how you heard about the Primitive Living Day Camp Program:

After School Program ___ Website ___ School ___ Word of Mouth ___ Flyer ___ Other _____

PHOTO/VIDEO RELEASE & PERMISSION:

I hereby give permission for my child to be photographed/videoed during the **Primitive Living Day Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. Children's' photos/video and quotes may be used for publicity purposes. I understand that although my child's photograph/video may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos/video are the property of NMWHM. **Parent's/Guardian's Initials** _____

The National Multicultural Western Heritage Museum and its co-organizers/employees/volunteers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician). **Parent's/Guardian's Initials** _____

Guardian Signature: _____
Printed Name of Parent/Guardian: _____ **Date:** _____

TUITION INFORMATION - \$35 per person, per session. NUMBER OF STUDENTS: _____ **TOTAL PAID:** _____

Payment: ___ Enclosing Check ___ Pay Pal ___ Credit Card ___ AM ___ MC ___ VISA ___ Discover ___ Telephone (Call (817) 534-8801)

Name on Card _____ Card # _____ CVV _____ EXP _____

Address _____ City _____ ST _____ ZIP _____

Signature: _____

You may register and make payment by mail with a check or fill out the credit card information and mail or fax to: National Multicultural Western Heritage Museum (NMWHM); Administrative Business Office; 2401 Scott Avenue, Fort Worth, TX 76103. **Fax:** (817) 446-3272. **Additional Registration/Payment Options: Credit Card Phone Payment:** Museum (817) 534-8801; **Fax** (817) 446-3272 or **Email** Info@cowboysofcolor.org.

CAMP LOCATION:

National Multicultural Western Heritage Museum's – **WESTERN HERITAGE CENTER & ARCHERY RANGE**
3534 E. Berry Street, Fort Worth, TX 76105

SUPPLY LIST:

Packed Lunch/Snacks/Beverage. Depending on weather conditions and personal preference – Cap or Sun Hat, Jacket, Sunglasses or Eyeglasses if needed, Long, Ankle or Knee Length Pants or Jeans; Long or Short-Sleeved T-Shirt or Shirt; Tennis Shoes or Hiking Shoes. (No Flip-Flops please for safety reasons). **OPTIONAL ITEMS:** Personal or Pocket-Sized Hand Sanitizer; Sunscreen; Insect Repellent.