

Heritage Adventures Registration Form

Note: All information will be kept Confidential

Personal Information

Adventurer's Name: _____ Male Female DOB: _____ Age: _____

Parent / Guardian Name: _____

Address: _____ Siblings in Camp: YES / NO

Postal Code: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

Medical Information

Doctor's Name: _____ Phone Number: _____

Allergies (eg. food, bees):

Emergency procedures for above (Please give as much detail as possible):

Does your adventurer have any health problems or limitations that would affect their participation in programs? (eg. hearing, speech, physical or emotional delays) _____

Specific instructions, if any, do you require of our staff? _____

Emergency Contact Information

1st Emergency Contact Person: _____ Daytime Phone #: _____ Cell Phone #: _____

Relationship to Adventurer: _____

Alternate Contact Person: _____ Daytime Phone #: _____ Cell Phone #: _____

_____ (Adventurer's Name) has permission to walk home from the program at _____ AM / PM (Time)

Person(s) to whom the participant MAY BE RELEASED: _____

Person(s) to whom the participant MAY **NOT** BE RELEASED: _____

Payment is required at the start of the day that your child attends camp. **Cash, Debit or VI/MC accepted. No personal Cheques.

Do you wish to receive a tax receipt for care provided? YES / NO

Conditions of Participation and Release

Please make note that some of our activities will be taking place outside or off the museum property (Be sure to check the daily program descriptions). We will have a bottle of sunscreen at the Museum, if for any reason that does not meet your standard, please provide sunscreen for your child. The staff of the Eva Brook Donly Museum reserves the right to dismiss any participant who is, in their opinion, a hazard to the safety and rights of others or who appears to have rejected the reasonable controls of the program.

I hereby release the Eva Brook Donly Museum from all claims for damages arising from any incident or injury which is caused by or arising from any participation of the participant named herein during any program or in any facility at any location where a program is held.

I grant permission for my child to take part in activities held off site. I understand that my child will walk to offsite activities under the supervision of staff and volunteers.

I grant permission to the Eva Brook Donly Museum to take pictures or videotape my child and use these materials to promote both the program and the Museum.

I have read and fully understand the nature of all activities planned and my child has my permission to participate in the full schedule of activities. I also grant permission to the Museum and its representatives to transport my child to the hospital if treatment should be required.

Signature of Parent/Guardian

Date