

2017 HISTORY CAMP II REGISTRATION FORM
Shiloh Museum of Ozark History
July 10-14, 2017 • 10:00 am – 3:00pm
11 to 14 year-old children

Child's Name _____ **2017-18 Grade** _____ **Age** _____

Street Address _____ **City** _____ **Zip** _____

Parent/Guardian's email address _____

Pickup Authority. Name and address of anyone, including yourself, who is allowed to pick up your child from camp. Museum staff will ONLY allow those listed below to leave with your child and may request a photo ID.

Parent/Guardian's Name(s) & address on ID _____

Other names & addresses _____

Special Needs. Does your child have any physical restrictions/special needs/food allergies? We use this information only to make sure that accommodations are available to provide the best experience for your child.

No ___ **Yes** ___ **If yes, please explain** _____

Medical. We do not administer any medication, including ibuprofen, to your child. If your child has a headache or is not feeling well, we will let him/her rest in a quiet place with a staff member for a short while. If he/she still does not feel better, we will contact you to pick up your child early. In the event of a medical emergency, museum staff will contact emergency medical personnel and will then contact you. Based on the medical assessment, your child may be transported to a local hospital to receive further medical attention at your expense. Requests to alter this policy must be made in writing to the camp manager. Emergency medical personnel cannot honor requests to bring children to specific hospitals, doctors, or medical clinics.

Whom may we contact in the event of an emergency? (please include yourself and one other person)

You _____ **Relationship to child** _____ **Phone(s)** _____

Person 2 _____ **Relationship to child** _____ **Phone(s)** _____

Permissions.

1. I give my full permission for my child to participate in Shiloh Museum Summer History camp.

Parent signature _____ **Date** _____

2. I give permission for my child to be photographed and allow the museum to use the photos without names for publicity purposes only. **Please initial:** **Yes** _____ **No** _____

Camper agreement.

I agree to abide by the rules of summer camp regarding respect for others.

Camper signature _____ **Date** _____

Please return this form with full payment (\$45 museum members, \$55 non-members) to: History Camp II, Shiloh Museum, 118 W. Johnson Ave, Springdale, AR 72764. Registration is NOT complete until payment is made. Checks or cash only (credit, if in person), please do not mail cash.

Registration ends May 31, or when camp is full.

2017 HISTORY CAMP II REGISTRATION FORM
Shiloh Museum of Ozark History
July 10-14, 2017 • 10:00 am – 3:00pm
11 to 14 year-old children

Child's Name _____

Additional information:

Friday, July 14:

Each camper will receive one ticket to the **Naturals minor-league baseball game at 7:05 p.m.** for Friday July 14 with a post-game Fireworks Spectacular. Museum staff will meet the campers at the entrance to Arvest Ballpark thirty minutes before the game.

Please sign if your camper will be attending the game _____.

If parents would like to purchase additional tickets (which will hopefully be in reserved seats on the 1st or 3rd baseline), please indicate the number of tickets you would like to purchase at \$7 per ticket (ticket prices are the same for adults and children). Payment for these tickets must be received when submitting camp registration.

Number of additional tickets to Naturals baseball game _____