



2019 Adventure Camp Health & Registration Form

Child's Name: _____

Child's Date of Birth*: _____ Age: _____ Gender: Male Female

**Child must be 4- 8 years old and potty trained*

Grade: _____

Camp Tuition per Week: **Circle those that apply*

\$100 (Non-Members)

\$80 (YVM Members)

Make checks payable to: **Yakima Valley Museum**

**July 22th to 26th, 2019
8:30- 12:30**

Parent 1 / Guardian Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work: _____

Mobile: _____ Other: _____

Email: _____ @ _____

Parent 2 / Guardian Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work: _____

Mobile: _____ Other: _____

Email: _____ @ _____

In case of emergency, please give us an alternate person to contact if you are unavailable.

Emergency Contact: _____ Phone: _____

Primary Physician: _____ Phone: _____

In case of injury, campers will be taken to the nearest hospital which is **Virginia Mason Memorial Hospital** unless you specify another hospital: _____

Cancellation/Refund Policy: If you need to cancel your child's Summer Camp session for any reason, please contact us immediately. If the session is canceled with at least 21 days notice you will receive a full refund minus a \$30 processing fee. If the session is canceled with less than 21 days, no refund will be given.

Please complete both sides of this form. One form per child must be completed.



2019 Adventure Camp Health & Registration Form

Medical Treatment Waiver & Authorization

As the parent or legal guardian of _____, I hereby grant permission for my child to participate in the Yakima Valley Museum's Summer Camp Program. In the event of an emergency, accident or illness, I authorize the Yakima Valley Museum and its agent(s) to administer emergency medical care to my child.

In the event that I cannot be reached in a medical emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.

My signature below hereby represents that I have read, understand, and consent to the terms and conditions of this document.

Signature: _____ Date: _____

Relationship to Child: _____

PERMISSION TO PARTICIPATE:

My child _____ has permission to engage in all camp activities except as noted below.

Are there any activities your child **cannot** participate in? YES NO

If YES, please describe: _____

HEALTH CONCERNS AND MEDICAL INFORMATION:

Does your child have any health issues (mental, emotional, or physical) or allergies that the YVM staff should be aware of?

YES NO

If YES, please describe the reaction and the management to the reaction: _____

Does your child carry an Epi-Pen? YES NO

Does your child use/carry an inhaler, nebulizer, or other medical device? YES NO

Does your child currently take any prescribed medication(s)? YES NO

If YES, please describe medication and dosage:

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

If medication needs to be taken at camp, please provide guidelines for administration:

LIABILITY AND MEDIA RELEASE

I, the undersigned, agree to hold harmless the Yakima Valley Museum and its staff and volunteers of all liabilities known or unknown that may occur during the course of the scheduled Summer Camp. I am aware that natural or manmade hazards may be present in the classroom environment and that my camper will be spending the day exploring the Museum and adjacent park grounds. I accept all responsibility for the activities performed during the program. Photographs will be taken at the Yakima Valley Museum Summer Camp showing campers and staff involved in camp activities. These may be used by the Yakima Valley Museum for promotional, informational and educational purposes.

Photographs may include my youngster. Please do NOT include my youngster in camp photographs.

Signature of Parent/Guardian

Date

Please complete both sides of this form. One form per child must be completed.