

Hands on History Summer Camp Registration Form

Name of Participant:

Participant's Address (Street, City, Zip):

Date of Birth:

Notes for camp supervisors to help my child have a super week (Please note dietary requirements/allergies, life threatening allergies, behavioral notes, anything essential to help us ensure a fun and safe time at camp):

Parent /Guardian Name:

Emergency Contact Name:

Occupation:

Occupation:

Home Phone:

Home Phone:

Work Phone:

Work Phone:

Cell Phone:

Cell Phone:

E-mail:

E-mail:

Address:

Address

I give my child permission to and consent for my child (listed above) to participate in all activities and allow photographs, videotapes, and interviews to be taken during the camp session. I further give permission and consent that any such photographs, videos, etc. may be used by the Seward House Museum, Cayuga Museum of History and Art, and the Seymour Library for promotional purposes. A separate form will be included granting similar permissions to the National Parks Service.

Signature of Parent/Guardian: _____

Date: _____

Listed below will be the names and contact information of all adults and guardians granted permission to pick your child up at the end of each day of camp. Any adult not listed below will not be allowed off premise with your child. Proof of identification will be asked of any adult picking up a student who was not involved in the drop off of the child on that particular day.

Adult/Guardian Name:

Relation:

Phone number: