

2018 HISTORY CAMP I REGISTRATION FORM
Shiloh Museum of Ozark History
June 18–22, 2018 • 9:00–11:30 am
7 to 10 year-old children

Child's Name _____ **2018-19 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 medications, 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 (\$30 museum members, \$40 non-members) to:
History Camp I, Shiloh Museum, 118 W. Johnson Ave, Springdale, AR 72764.

Registration is NOT complete until payment is made. Payment may be checks or cash (credit, if in person); please do not mail cash. **Registration ends May 31, or when camp is full.**

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Additional Information:

Tuesday, June 19:

The museum is hosting a fishing derby, location to be determined, from 1:00 to 4:00 pm. Campers are encouraged, but not required, to attend. They must be with a parent/guardian. There will be door prizes as well as age category prizes.

Friday, July 13:

Camp Reunion - Each camper will receive one ticket to the **Naturals minor league baseball game at 7:05 p.m., Friday, July 13**, with a post-game Fireworks Spectacular. Museum staff will meet the campers at the entrance to Arvest Ballpark thirty minutes before 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.

Please sign if your camper will be attending the game _____

Number of additional tickets to Naturals baseball game _____