

2020 HISTORY CAMP I REGISTRATION FORM
Shiloh Museum of Ozark History
June 15-19 • 9:00–11:30 a.m.
Ages 7–10



Child's name _____ **2020-21 Grade** _____ **Age** _____

Street address _____ **City** _____ **Zip** _____

Parent/guardian's email address _____

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:** _____

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 email a copy of this form to jcostello@springdalear.gov Registration is NOT complete until you receive a confirmation email.