

Camp Pioneer 2018 Registration for HELPERS!

Please complete and return to museum office by May 25 to reserve your space.

Name: _____ Incoming Grade: _____

Address: _____ Age: _____

City/State/Zip: _____

Email: _____

Parent/Guardian: _____

Phone: _____ Text Friendly: YES NO

Emergency Contact: _____ Phone: _____

Physician Name: _____ Phone: _____

Food or Other Allergies: _____

Medical Conditions: _____

T – Shirt Size: Child S (6-8) M (10-12) L (14-16) Adult S M L XL 2XL 3XL 4XL
(Circle one)

I hereby give my permission for my child to participate in the Stephenville Historical House Museum's Camp Pioneer. This authorization shall waive, release, and absolve the Stephenville Historical House Museum, its employees, board members and volunteers from any and all liability for injury or illness incurred at camp. I give the staff my permission to act for me according to its best judgment in any emergency. I do understand that parents/guardians are solely responsible for ALL medical expenses due to injury or illness by the camper while at camp. I also give permission for the museum to use photographs of my child for media (including social) and on the internet (photos will not include any identifying information about your child).

Signature of Parent/Guardian: _____ Date: _____

Office Use Date Received: _____ Paid: _____

Additional Notes: