



2019 Fall Break Camper Registration

HOW TO REGISTER

1. Once the camp enrollment fee has been paid, fill out the registration packet below.
2. Choose PDF as your printer or "Save as PDF".
3. Save onto your computer.
4. Email the completed document as an attachment along with a copy of insurance and a copy of immunization records to rbernal@childmusephx.org. You may also send the registration packet via: Fax: 602.307.9833 or Mail: Children's Museum of Phoenix 215 N 7th Street, Phoenix, AZ 85034

Please submit the completed registration packet and required documents at least one week prior to the first day of your chose camp session.

Dear Parents & Guardians:

Thank you for enrolling your child in Camp at the Children's Museum of Phoenix! We are excited to have them join us this fall break!

To attend camp, your child must:

- 1. Be 5-8 years of age.**
- 2. Be potty-trained. No pull-ups.**

Please remember to send a packed lunch with your child each day of camp. Refrigeration is not available.

Questions? Questions can be directed to Ricardo Bernal at 602.648.2777 or rbernal@childmusephx.org.

Once the camp enrollment fee has been paid in full, please complete the registration packet. The Camp Coordinator will email you additional info and FAQs to help you prepare for camp. Please utilize the checklist below to ensure that you have completed ALL sections of the registration. If you have more than one child attending camp, please fill out one packet for each child.

Registration must be submitted at least one week prior to the first day of your chosen camp session. Space is limited.

Please utilize the checklist below to ensure that you have completed ALL sections of this registration packet.

REGISTRATION CHECKLIST:

Let's Get Personal: Camper and Guardian Information/Camper Health History

Permissions & Liability Waiver

Copy of Insurance

Copy of Immunization Records

Please note that once your camp purchase has been confirmed, cash refunds will not be provided. If you must withdraw your child from a camp that they have been registered for, your reservation will be refunded to you in the form of a gift card to the Children's Museum of Phoenix. Cancellations made less than 14 days before the start of your camp program are not eligible for refunds. We reserve the right to cancel any camp with insufficient enrollment. In such cases, you will be notified, and we will reschedule you or a full refund will be made.

LET'S GET PERSONAL: CAMPER AND GUARDIAN INFORMATION

Camper Name:

Date of Birth:

MY CHILD WILL ATTEND (check all that apply):

Full Week – October 7th-11th

Day 1 – October 7th

Day 2 – October 8th

Day 3 – October 9th

Day 4 – October 10th

Day 5 – October 11th

Camper Gender:

Preferred Pronoun (i.e. he, they, she, etc.)

Camper Age:

Camper Grade:

Primary Language:

If NOT English, does camper speak English?

Yes

No

Has the camper attended a day camp or overnight camp before?

Yes

No

If yes, where?

If yes, when?

Guardian's Name:

Relationship to child:

Work phone #:

Cell #:

Home phone #:

eMail:

Mailing Address:

Emergency Contact (or other guardian):

Cell #:

Work phone #:

Name(s) of approved guardian(s) for child pick-up:

CAMPER HEALTH HISTORY

Does camper have any allergies related to food, medicine, or the environment (including latex allergies)? Please explain:

Does camper take any over the counter or prescription medications that they will need to take during the camp day? Indicate dosage, route and frequency below. Please refrain from non-essential over the counter medication*.

**If YES, a medication form will be sent to you upon receipt of your application. Please note that CMoP will not administer injections. If your child is in need of an injection (i.e.insulin), a parent/guardian will be responsible for administration.*

Name(s) of approved guardian(s) for medicine distribution (if applicable):

Does camper have any dietary restrictions? Please explain:

Any other conditions we should know about? (i.e. asthma, developmental delay, hearing or vision loss, etc?)

Does camper have difficulty with control of urine or bowel movements?

Does camper have any physical limitations/mobility devices? Check all that apply:

Wheelchair

Crutches

Power Wheelchair

AFO's

Other

Please Check One:

I feel that the camper can participate in the camp program without restrictions.

I feel that the camper can participate in the camp program with the following adaptations:

I do not feel that the camper can participate in the camp program.

Name of camper's primary care physician:

Phone:

Is this camper covered by family medical/hospital insurance?

Yes

No

Insurance Company:

Subscriber:

Policy Number:

Insurance Company Phone:

Please read and sign the statement that best pertains to your child:

My camper is up-to-date with all immunizations required for school.

Parent/Guardian:

*Date of last Tetanus Booster (dT) or (TdaP):

*Required

My camper has not been fully immunized. I understand and accept the risks to my child from not being fully immunized.

Parent/Guardian:

Typing your name into the above signature boxes, will be recognized as your signature by hand and will serve as your testament that the statement is true and correct.

PERMISSIONS & LIABILITY WAIVER

Camper Name:

Date of Birth:

Parent/Guardian Authorization for Healthcare:

I _____ give the Children's Museum of Phoenix (CMoP) permission to provide Basic First Aid treatment as appropriate and in accord with the ability of the staff. Basic First Aid includes: application of band-aids for minor cuts or scrapes; providing ice packs for minor bumps and bruises. CMoP will not provide aspirin, ibuprofen, or other medication to any child. I understand that in case of emergency, my child will be taken to a local hospital, and while my child is transported to the hospital, CMoP will begin immediate attempts to contact the parents/guardians. I give permission to the physician selected by CMoP to order x-rays, routine tests and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on the "Health History" form will be shared on a "need to know" basis with CMoP staff. In the event of an emergency, CMoP has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Photo Release

I give the Children's Museum of Phoenix (CMoP) and its affiliates permission to photograph and/or videotape my child, and to use my child's name, likeness, image, and/or video in promotional materials, including fundraising, marketing and educational materials. I understand that my child's name, likeness, image, and/or video may be used in the current year and/or in future years. This consent may be revoked in writing at any time, except to the extent that CMoP has already relied upon it in making use of my child's video, likeness, image, and/or video.

Acknowledgement of Arizona Revised Statutes

I understand that the Children's Museum of Phoenix (CMoP) is not a licensed child care facility under Arizona Revised Statutes 36-882-06; stating that children may enter and depart from CMoP camp programs of their own volition. The Children's Museum of Phoenix requires that an approved parent/guardian (as outlined on this application) signs a check-in sheet when dropping off their child at camp. CMoP also requires that an approved parent/guardian (as outlined on this application) provides identification and signs a check-out sheet before their child leaves the premises.

Liability Release

This release covers all events and occurrences associated with camp activities held at The Children's Museum of Phoenix. I understand that if I have any concerns about my child's health or ability to participate in camp, it is my responsibility to discuss my concerns with my physician and with the Camp Coordinator before deciding to have my child participate.

I agree to assume the risk that unexpected events may occur that result in harm, injury or illness to myself and/or camp participants, including damage to personal property during participation in or observation of the activities at camp. I understand that I cannot hold accountable the staff/volunteers/employees at the Children's Museum of Phoenix for any harm or damage associated with my child's participation or observation in camp activities if the harm or damage is not due to the negligence or fault of staff/volunteers/employees. I understand that my child's participation in these sessions is voluntary. As a parent/guardian, I agree to participate in Winter Camp to the best of my ability. I agree to arrange my child's transportation and arrive promptly at the site, ready to begin camp at the designated start time. I agree to arrange my child's transportation from the site promptly at the designated ending time and I understand that I must leave the premises immediately following the ending time of my program.

I have shared the camp rules with my child and feel that s/he understands what is to be expected of him/her while at camp. I also understand that should s/he be unwilling or unable to participate within these guidelines, or should s/he become ill, I may be called to pick up my child. Parents must pick up their child within 1 hour if called. If a parent fails to collect his/her child within this amount of time, the child will be reported as abandoned to the local police. I further acknowledge that should my camper be asked to leave due to his/her behavior there is no refund of tuition.

BY SIGNING THIS LIABILITY RELEASE, YOU ARE EXPRESSLY RELEASING AND WAIVING ANY RIGHTS AGAINST THE CHILDREN'S MUSEUM OF PHOENIX, ITS BOARD OF DIRECTORS, EMPLOYEES OR AGENTS FROM ANY LIABILITIES, CLAIMS, INJURIES OR DAMAGES OF ANY KIND OR NATURE, WHETHER FORESEEABLE OR UNFORESEEABLE, WHICH IN ANY WAY RELATE TO OR INVOLVE YOU OR YOUR FAMILY MEMBER'S PARTICIPATION AT CAMP.

Parent/Guardian Name:

Signature:

Date:

Typing your name into this signature box, will be recognized as your signature by hand and will serve as your understanding and acceptance of this liability release.