



March 2024

Dear Parent,

Welcome to the 2024 Cursive Camp!

Thank you for choosing the Danbury Museum & Historical Society for your child's summer camp experience. We are excited about our Cursive Camp and know that you and your child will be, too! Cursive Camp is one FREE week of camp thanks to a Youth Services Prevention Initiative Grant secured by Representative Farley Santos, Speaker Matt Ritter, and Majority Leader Jason Rojas, providing funding for both Cursive Camp and the 3rd grade field trips to the Danbury Museum.

There are three, one-week sessions (each with the same curriculum) and you must register your child for one of the sessions. Please note you cannot register your child for more than one session. Session I is July 8-12, Session II is July 15-19, and Session III is July 22-26.

All campers are encouraged to bring a drink and a nut free snack to enjoy each day during our 10:15 am snack break. Suggested age range for Cursive Camp is grades 3 through 8. This is a half-day camp. Your child may be dropped off at 8:45, and must be picked up by 11:45. Camp instruction begins at 9:00 am and ends at 11:30 am.

Many of you have inquired about the possibility of joining your child at camp and the answer is YES! You must register and let us know you will be attending and agree to abide by all the camp guidelines.

Please read, complete, and return the following forms. We are unable to allow participation in our camps without these signed forms. All camp forms are available on our website at [DanburyMuseum.org](http://DanburyMuseum.org), please follow the educational links.

- Participant Contact Information
- Medical History (filled out by parent)
- Liability Release
- Photo Permission

Please contact us with any questions or concerns. We look forward to seeing your child at camp!  
Sincerely,

*Brigid Guertin*

Brigid Guertin  
Executive Director

**PARTICIPANT CONTACT INFORMATION**  
**(Please complete one form per camper)**

Child's Name:

(First) \_\_\_\_\_

(Last) \_\_\_\_\_

Grade entering (Fall 2023): \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_

**Parent/Guardian** or Other Person(s) Registering the Child

Name/Relation to Child: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email (Required) \_\_\_\_\_

Address (City State Zip) \_\_\_\_\_

Name/Relation to Child: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email (Required) \_\_\_\_\_

Address (City State Zip) \_\_\_\_\_

**Emergency Contacts:** This person(s) will be contacted in case the parent or guardian is unavailable. In addition, the emergency contact is permitted to drop off and pick up your children.

Name/Relation to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (City State Zip) \_\_\_\_\_

**MEDICAL AUTHORIZATION:**

I grant permission to the Danbury Museum & Historical Society Authority, Inc. staff to give medical care if warranted. I understand that the medical actions may include but are not limited to the following: Attempt to contact parents or guardians. In an emergency, every effort will be made by the DMHSA staff to contact parents. I understand that, if warranted, the DMHSA will have the child taken to the emergency room by ambulance, accompanied by a staff member.

Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Family Medical Provider Information.** In case the staff of the DMHSA are not able to reach you during an emergency, the information below will be supplied to emergency services to help facilitate care of your child.

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Family Dentist /Orthodontist: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Major Medical Issues (including allergies):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **RELEASE OF LIABILITY FOR CHILD'S PARTICIPATION IN PROGRAM**

Child's Name: \_\_\_\_\_

I/we, the parent(s) and or legal guardian(s) of the above referenced student, wish for my/our child to participate in Danbury Museum & Historical Society Authority Inc. summer camp programs, (the "Program"). I understand that there are possible dangers associated with the Program, including but not limited to insect stings, insect or tick bites, poison ivy, or falling on uneven terrain.

I/we agree that my/our child is participating in the activity at mine/our own risk, and acknowledge that Danbury Museum & Historical Society, Inc. has made no warranty or representation, expressed or implied, regarding the safety of conducting this activity at this site.

I/we expressly release and hold harmless the Danbury Museum & Historical Society Authority, Inc. and its officers, directors, employees, and agents from and for any and all claims, demands, actions and causes of action whatsoever on account of any loss, damage or injury to person or to property suffered or incurred by my/our child, except by Danbury Museum & Historical Society Authority Inc. negligence, in connection with the Program or any aspect of it.

This release shall be binding upon me/us and my/our heirs, next of kin, executors, administrators, and assigns.

Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **CHILDREN'S PHOTOGRAPH RELEASE**

Child's Name: \_\_\_\_\_

I/we, the legal parent(s) and or guardian(s) of the above referenced child, agree and understand photographs which include my/our child's image taken at the Danbury Museum & Museum & Historical Society Authority, Inc. (DMHSA) may be used in DMHSA publications for DMHSA's advertising, publicity, commercial or other business purposes. Participant's names will NOT be published. I/we hereby give DMHSA permission to duplicate and distribute the photographs, or any parts thereof which include my/our child's image, throughout the world in perpetuity in any manner, and in any and all media, including the Internet, whether known now or hereafter devised. I/we waive any right to inspect or approve the finished version(s).

I/we hereby release and hold harmless DMHSA and its officers, directors, employees, agents, licensees, successors and assigns from and against any and all claims, demands or causes of action which I/we may have or may in the future have for libel, defamation, invasion of privacy or right of publicity arising from DMHSA's use of my/our child's appearance, name or likeness including but not limited to, the distribution, reproduction or broadcast of the photographs (or any part thereof).

Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_