



The Danbury Museum

43 Main Street
Danbury, Connecticut 06810
203-743-5200
www.DanburyMuseum.org

April 2018

Dear Parent,

Welcome to the 2018 DMHSA Summer Camps!

Thank you for choosing the Danbury Museum & Historical Society for your child's summer camp experience. We are excited about our Cursive and Fiber Arts Camps and know that you and your child will be, too!

Each week of camp is \$75 per camper and covers the cost of all materials for that week. All campers are encouraged to bring a drink and a nut free snack to enjoy each day during our 10:15 am snack break.

Please read, complete, and return, by August 1, 2018, the following forms and payment via check, for each week of camp. We are unable to allow participation in our camps without these signed forms. All camp forms are available on our website at www.danburymuseum.org, 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 2018): _____

Date of Birth (Month/Day/Year): _____

Camp Dates:(please check all that apply)

___ Cursive Camp, August 20-24, \$75 fee per child

___ Fiber Arts Camp, August 27-31, \$75 fee per child

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 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: _____