



\_\_\_\_\_ CAMPER'S LAST NAME, FIRST INITIAL

**WESTERN EXPLORERS SUMMER CAMP – CAMP REGISTRATION FORM**

Please complete all blanks in this form. If there is a blank that is not applicable, please type N/A in that blank. Incomplete forms will not be accepted; if handwriting, please print clearly. Complete one form for each child. If you have any questions about completing this form, please email us at [camps@nationalcowboymuseum.org](mailto:camps@nationalcowboymuseum.org).

**Camper's Information:**

Full Name		Preferred name	
Address			
City	State	Zip	Cell Phone
Date of Birth	Age		

**Camp Selection:**

**Age 6 – 7**

**Age 8 – 10**

		Age 6 – 7	Age 8 – 10
Heart for the Arts	Tuesday, June 29 – Friday, July 2; 9:00 a.m. – Noon	<input type="checkbox"/>	<input type="checkbox"/>
Animal Adventures	Tuesday, July 6 – Friday, July 9; 9:00 a.m. – Noon	<input type="checkbox"/>	<input type="checkbox"/>
Full STEAM Ahead	Tuesday, July 13 – Friday, July 16; 9:00 a.m. – Noon	<input type="checkbox"/>	<input type="checkbox"/>
Into the West	Tuesday, July 20 – Friday, July 23; 9:00 a.m. – Noon	<input type="checkbox"/>	<input type="checkbox"/>

**Parent/Guardian Information:** In the event of an emergency, please number, in order of priority (1-6), which phone to contact

<b>Parent/Guardian #1 – Name</b>	Email Address	Cell Phone	Priority
Address			
City	State	Zip	Home Phone
Place of Employment		Work Phone	Priority

<b>Parent/Guardian #2 – Name</b>	Email Address	Cell Phone	Priority
Address			

City	State	Zip	Home Phone	Priority
Place of Employment			Work Phone	Priority

**Emergency names and phone numbers of TWO people to be called in the event that we cannot reach either parent/guardian:**

<b>Emergency Contact #1 – Name</b>	Relationship to Child	Authorized to Pick Up (Y/N)	Phone
------------------------------------	-----------------------	-----------------------------	-------

<b>Emergency Contact #2 – Name</b>	Relationship to Child	Authorized to Pick Up (Y/N)	Phone
------------------------------------	-----------------------	-----------------------------	-------

**Camper's Health History and Information:**

Child's Doctor	Address	Phone
----------------	---------	-------

Medical Insurance Provider	Policy #
----------------------------	----------

Check any conditions that your child has experienced:

- Asthma   
 Autism   
 Diabetes   
 Epilepsy/Seizures   
 ADD/ADHD   
 Cerebral Palsy/Other Motor Disorder  
 Cognitive or Learning Disabilities

Vision, Hearing, Speech issues to note:

\_\_\_\_\_

\_\_\_\_\_

Non-Food Allergies (list):

\_\_\_\_\_

Food/Milk Allergies (list):

\_\_\_\_\_

My child carries an epi-pen, inhaler or other medication. (Additional medication form is required)

Other conditions to note:

\_\_\_\_\_

Please provide symptoms and/or special instructions for any condition marked above.

\_\_\_\_\_

**Parent Statement of Understanding**

- I understand that my child will not be released to any person(s) not listed in this registration form. **Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.**
- I understand that my child will not be released to any person(s) who seems to be under the influence of drugs or alcohol.
- I understand that I am not to leave my child at the Museum or program area unless a camp staff member is there to receive and supervise my child.
- I understand that it is my responsibility to sign my child in upon arrival to camp and to sign my child out before leaving each day. **Sign-in/Sign-out sheets are available as you arrive at the program area.**
- I understand that the Museum is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I will notify the Museum of any changes in the information provided in this registration form.

**I have read and understand the statements above.**

Parent/Guardian Signature (an electronically signed/typed form is acceptable)	Date
---	------

**Statement of Authorization**

- I authorize camp staff to apply sunscreen to my child as needed.
- I authorize camp staff to apply bug repellent to my child as needed.
- In the event I cannot be reached to make arrangements for emergency medical attention for my child at the time of illness or accident, my signature below authorizes the Museum management and staff to act for me according to their best judgment. Any such action will be taken in the best interest of my child and will be reported to me as soon as possible. My signature below waives and releases the Museum from any and all liability and/or financial responsibility for any medical expenses incurred.
- I am aware that by participating in camp activities, my child may be exposed to personal injury or damage to property as a result of his/her activities or the activities of other camp participants. With knowledge and appreciation of these dangers, I consent to my child's participation in all camp activities and assume all risks involved.
- In consideration of the opportunity afforded my child to participate in camp activities, I, for myself and for anyone entitled to act on my behalf, agree to and do hereby release and forever discharge the Museum, its officers, employees, partners, members, volunteers, and other affiliates, and anyone acting on their behalf, from any cause of action, claim, or demand of any kind arising out of my child's participation in camp activities.
- I irrevocably grant to the Museum, in any media now known or later developed, a royalty free license to use my child's name, likeness, biographical material, and voice as well as pictures and images of my child, including computer generated drawings and images in association with the production, promotion, and marketing of the Museum and its summer camps throughout the world without any claim to compensation.
- I represent and warrant that I have carefully read this Statement of Authorization and fully understand all of its terms and conditions, and that this is a release of liability and a contract between myself and the Museum, and I sign it of my own free will. By signing this agreement, I certify that I am 18 years of age or older, and that I am the parent or legal guardian of the child I am signing this agreement on behalf of.

**I have read and understand the statements above.**

Parent/Guardian Signature (an electronically signed/typed form is acceptable)	Date
---	------

**Museum Kids for Character Pledge and Behavior Agreement**

I pledge to be a kid for character.

- I will be worthy of trust.
- I will be respectful and responsible.
- I will show that I care for those around me.
- I will always do my share.
- I will believe in myself.

We at the Museum want every day at camp to become a happy memory for your child, and we work hard at creating an environment that will allow this to happen. Along with our efforts, we need the children to help us create that environment by following some simple, but effective rules. Below is our Behavior Agreement. Please read over it with your child and be sure they understand what it is and why they are signing it. This will help us help them have a wonderful experience at camp!



- I will listen to the staff and follow their directions.
- I will respect other people’s belongings by not touching/using their stuff without permission.
- I will not hit or fight other people.
- I will not yell while inside the Museum building and will use my inside voice when speaking.
- I will use appropriate language. Which does not include swear words or negative remarks (i.e., “Shut up,” “Stupid,” “Dumb,” etc.).
- Before leaving the room, I will ask a staff member for permission.
- I will respect others’ feelings by having a positive attitude when talking to them.

Not abiding by these rules can result in suspension or exclusion from camp. The Museum camp staff may give verbal or written warnings to campers who become disruptive or do not follow camp staff rules or instructions. At the camp director’s discretion, campers that become excessively disruptive or who refuse to follow camp staff rules or instructions may be asked to leave camp for the remainder of the session.

**I have read and understand the statements above.**

Parent/Guardian Signature (an electronically signed/typed form is acceptable)	Date
Camper’s Signature	Date