



# Wild Kingman Appreciating Your Natural World

July 19-23, 2010 (8:30 a.m. – 12:30 p.m.)  
Registration

Name of Participant: \_\_\_\_\_

Age of Participant: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

Are you a Kingman Museum member? \_\_\_\_\_

How did you hear about Kingman Museum's Kingman Beach? (Please check all that apply.)

\_\_\_\_\_ E-newsletter

\_\_\_\_\_ Newspaper \_\_\_\_\_ Name of paper(s)

\_\_\_\_\_ Other \_\_\_\_\_

Days attending (**Cost is \$20/day for members and \$25/day for non-members**):

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

I hereby grant Kingman Museum permission to release my child to the following people:

**NAME**

**PHONE NUMBER**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Please note:** Kingman Museum staff will check the identification of all individuals who come to pick up children. Please have anyone that comes to pick up your child bring a picture ID.

ALL CHILDREN MUST BE PICKED UP WITHIN 20 MINUTES OF THE PROGRAM END. THE PARENT OR GUARDIAN WILL BE CHARGED **\$50 PER INCIDENT** FOR ANY CHILD LEFT BEYOND THE GRACE PERIOD OF 20 MINUTES.

I have read and understand the consequences of not picking up my child within the 20 minute grace period.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



# Wild Kingman EMERGENCY CONTACT

Name of Participant (one per form please): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

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

Cell number: \_\_\_\_\_

Alternate number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

If my child should become injured or seriously ill and Kingman Museum is unable to reach me in a timely manner, I hereby grant its staff permission to contact the above named physician and/or emergency personnel. Kingman Museum will make every effort to continue to reach me.

\_\_\_\_\_  
Signature of Parent or Guardian



## MEDIA RELEASE FORM



I, \_\_\_\_\_, understand that Kingman Museum's visitors may be photographed or recorded to promote, recognize or research Kingman Museum's programs, services, tours, activities, events, and fundraisers. I authorize the media, Kingman Museum, and their assignees to record and/or photograph the image and/or voice of my child for use by the above-mentioned groups for research, educational, or promotional purposes. I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, published, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please record the name of the minor child for whom this form pertains:

\_\_\_\_\_

- You may publish my child's name (first & last)
- Please publish only my child's first name

Description of photographs for which this release pertains:

2010 Wild Kingman July 19-23



Wild Kingman  
Appreciating Your Natural World  
Allergy / Medication

It is the policy of Kingman Museum to not administer any type of medication, unless in an extreme emergency or life or death situation. Therefore, the parent or guardian must administer the medication to the camp participant before or during camp hours.

Participant's Name \_\_\_\_\_

Please list all allergies: (Please print)

FOOD: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other (include special dietary needs): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child suffer from asthma? \_\_\_\_\_

If yes, does your child self medicate? \_\_\_\_\_

Is your child allergic to bee/wasp stings, peanut butter, nuts, etc.?

If yes, in case of an emergency, please leave EPI pin with Kingman Museum.