



Out of this World Space Adventure Camp

December 27th – 29th

9:00a.m.-1:00p.m.

Registration Packet

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? _____

Days attending:

Tuesday ___ Wednesday ___ Thursday ___

Time: 9:00 a.m.-1:00 p.m.

Cost: Members: \$25/day

Non-Members: \$30/day

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

_____ E-newsletter _____ Website

_____ Newspaper Name of paper(s) _____

_____ Other _____

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.

Signature of Parent or Guardian

Date



Nature Explorers EMERGENCY CONTACT

Name of Participant (one per form): _____

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:

Nature Explorers Camp August 8th-11th



Nature Explorers

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.