

Summer 2010 Summer Day Camp Registration

Workin' on the Railroad (Ages 5 – 8)

9:00 am – 12:00 pm (Registration closes 1 week prior)

June 15 June 16

Civil War Soldier (Ages 7 – 11)

9:00 am – 12:00 pm (Registration closes 1 week prior)

June 22 June 23

Please fill out this form and send to:

Southern Museum of Civil War and Locomotive History
2829 Cherokee Street • Kennesaw, GA 30144
(770) 427-2117 ext. 3173 • Fax (770) 421-8485
or children@southernmuseum.org

Personal Information

Child's Name(First & Last): _____ Age: _____

Name of Legal Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

Adult Emergency Contact (Full name & daytime phone number required): _____

Has participant been hospitalized, had operations or serious injuries in the past 5 years? If Yes, please explain Yes No

List any allergies, medical conditions, chronic or recurring illnesses, and medications that we may need to know about.

Additional Information/Comments for Museum Staff: _____

Public Price Per Program: _____ @ \$30 per child = _____ *Total Due Upon Registration*

Member Price Per Program: _____ @ \$20 per child = _____ *Total Due Upon Registration*

Payment Method: Cash Check VISA MasterCard

Card # _____ Expiration Date: _____

Card Address (If Different Than Mailing Address): _____

Please Note: Registration forms must be accompanied by a signed Waiver of Liability/ Photograph Permission Form and full payment to be processed.

Office Use Only:

Date Reservation Made: _____ Payment Received: _____

Receipt Mailed: _____ Information Packet Mailed: _____

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Waiver of Liability/Photograph Permission Form

I, the undersigned, understand and acknowledge that participation in a class, day camp or activity can be hazardous, and I hereby assume all risk while participating. I, and anyone entitled to act on my behalf, waive and release the Southern Museum of Civil War and Locomotive History and the City of Kennesaw, its agents, employees, officers, officials and sponsors from all rights and claims for any personal injury, death, or property damage suffered by me, my child, or that I cause to others, as a result of my participation in this program.

I, the undersigned, agree, without any right of payment or editing to allow the Southern Museum of Civil War and Locomotive History and the City of Kennesaw to use the images of me and/or my children, including reproductions of photos, video, audio or other reproductions, for use in all types of media for public relations purposes to promote the Southern Museum of Civil War and Locomotive History programs and activities.

I, the undersigned, give permission to the Southern Museum of Civil War and Locomotive History and the City of Kennesaw to obtain and authorize medical care for participants at any hospital, emergency medical center, or any other health facility; by any medical doctor, osteopath, nurse, surgeon, or any other medical practitioner. I also agree to be responsible for the expenses of any medical care required, and I hold the staff authorizing the medical care harmless from any damages suffered by the participant as a result of the medical treatment authorized.

Parent or Legal Guardian Signature (required)

Date