



Iredell Museums Inc  
Summer Camp Registration Form  
2024

Summer Camp (s) you are registering for ( Check all that apply)

Mad Scientist (June 10-14) \_\_\_\_\_ or Discovery Camp (July 22-26) \_\_\_\_\_

**Participant Information:**

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Male: \_\_\_\_\_ Female: \_\_\_\_\_

**Parent/Guardian Information:**

Parent/Guardian #1 Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact Information:**

Emergency Contact #1 Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**All other persons authorized to pick up child from camp:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Medical Information:**

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List any medical conditions and treatments below:

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Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes\_\_ No\_\_ If yes, explain:

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Is your child allergic to any type of food or medication?

Yes\_\_ No\_\_ If yes, explain:

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Does your child have dietary restrictions?

Yes\_\_ No\_\_ If yes, explain:

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**Terms of Agreement/Liability**

I understand that participating in camp activities is potentially hazardous, and that I should not register my child unless he/she is medically able. I assume all risks (known and unknown) and assume full responsibility for my child's participation. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e., EMT, First Responder, and/or Physician). Iredell Museums Inc is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness. I hereby give permission for my child to be photographed during Iredell Museums Inc Camps. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or for promotional purposes including flyers, brochures, newspaper and on the Internet.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_