



The Museum and Railroad Historical Center



SUMMER CAMP REGISTRATION (PLEASE COMPLETE ONE FORM PER CHILD)

CHILD'S NAME: _____

BIRTH DATE (MONTH/DAY/YEAR): _____ AGE: _____

CHILD'S ADDRESS: STREET: _____

CITY: _____ STATE: _____ ZIP: _____

DOES YOUR CHILD HAVE ALLERGIES? _____ IF YES, PLEASE SPECIFY: _____

DOES YOUR CHILD HAVE DEVELOPMENTAL AND/OR PHYSICAL CHALLENGES? _____ IF YES, PLEASE SPECIFY: _____

IS YOUR CHILD TAKING ANY MEDICINE? _____ IF YES, PLEASE SPECIFY: _____

MOTHER'S NAME: _____

MOTHER'S ADDRESS: STREET: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

EMAIL: _____

FATHER'S NAME: _____

FATHER'S ADDRESS: STREET: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

EMERGENCY CONTACT (IN CASE PARENT CANNOT BE REACHED):

NAME: _____ PHONE: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____

____ I give permission for my child, _____, to be taken to the hospital in case of an emergency, and consent to emergency treatment until the time of my arrival at the hospital. I understand that every effort will be made to contact me in the event that such an emergency takes place.

____ I give permission for my child, _____, to be photographed during camp(s).

Signed: _____

Date: _____

Camps are from 9:00-12:00, except for field trip days.

PLEASE CHECK CAMP(S) YOU WANT YOUR CHILD TO ATTEND:	Members	Nonmembers
<input type="checkbox"/> June 15-19 <i>ALL ABOARD! Train Camp</i>	\$160	\$185
<input type="checkbox"/> July 6-10 <i>Pirate Adventures</i>	\$125	\$150
<input type="checkbox"/> July 20-24 <i>UP, UP AND AWAY! Flight Camp</i>	\$160	\$185

PAYMENT:

Cash: \$ _____ ; Check # _____ for \$ _____

Master Card Visa American Express

Name on Card: _____

Card #: _____

Exp.: _____ V Code: _____

Call 864-229-7093 for information on scholarships