

Camper Name: _____

Pioneer Village Summer Camp 2017 Age: _____

Camp Week (Check all that apply)

Week	Camp (9:30am-3:30pm)	Camp + EC (7:30am-5:30pm)	Paid (Admin. Use)
Week 1: June 5 - June 9			
Week 2: June 12 - June 16			
Week 3: June 19 - June 23			
Week 4: June 26 - June 30			
Week 5: July 5 - July 7			
Week 6: July 10 - July 14			
Week 7: July 17 - July 21			
Week 8: July 24 - July 28			
Week 9: July 31 - August 4			
Week 10: August 7 - August 11			

Child Information

First _____ Middle _____ Last _____ Gender: Male __ Female__

Birth date ____/____/____ Age (as of June 5, 2017) _____

Street Address _____

City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1 FIRST PERSON OF CONTACT

First _____ Last _____ Relation to child _____

Street Address _____

City _____ State ____ Zip Code _____ E-mail _____

Phone _____ Alt. Phone _____

Parent/Guardian #2 SECOND PERSON OF CONTACT

First _____ Last _____ Relation to child _____

Street Address (If different from above) _____

City _____ State ____ Zip Code _____ E-mail _____

Phone _____ Alt. Phone _____

Emergency Contact Information – Alternate Pickup/Release (If above persons are not available)

Emergency Contact #1 THIRD PERSON OF CONTACT

First _____ Last _____ Relation to child _____

Phone _____ Alt. Phone _____

Emergency Contact #2 FOURTH PERSON OF CONTACT

First _____ Last _____ Relation to child _____

Phone _____ Alt. Phone _____

Medical Information

Please list any medical conditions, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures), allergies, special diet, etc.

Medical Condition

Required treatment

Should paramedic be called?

Yes/No

Yes/No

Yes/No

Yes/No

Yes/No

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In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the Kern County Museum Foundation or its Pioneer Village Summer Camp will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Tuition Information

Camp: 9:30am-3:30pm

Members: \$155 per week

Non-Members: \$190 per week

(Week 5: \$93 members, \$114 non-members)

Includes materials, drinking water and special guests.

Camp with Extended Care: 7:30am-5:30pm

Members: \$205 per week

Non-Members: \$250 per week

(Week 5: \$123 members, \$150 non-members)

Includes materials, drinking water, morning snack, afternoon snack and special guests.

Campers must bring their own lunch. \$10 off per additional sibling. Full payment must be made for reservation. No refunds after this time will be given. No pro-rating. Cash and check are acceptable for payment. Please make checks payable to Kern County Museum. Visa, Master Card, and Discover payments will be charged a convenience fee of \$0.45.

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **Pioneer Village Summer Camp**. I understand the photos will be used for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Kern County Museum and its affiliates.

Parent's/Guardian's Initials _____

Parent/Legal Guardian Consent and Agreement for Emergencies

The Kern County Museum 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 per physician orders. Children's' photos and quotes may be used for publicity purposes. I give consent to Kern County Museum to administer basic first aid by facility staff if needed. 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). I understand that I will be informed by phone of ALL injuries, illnesses, and issues. I understand my child can ONLY be picked up by the people I previously listed on this form. I agree that I alone can review and update this Emergency Contact Form whenever a change occurs.

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____