

# Summer Camp Registration Form



**CAMPER INFORMATION:**

A complete and separate form must be submitted for each camper. Register for classes based on the last grade completed.

CHILD'S NAME \_\_\_\_\_  FEMALE  MALE

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ LAST GRADE COMPLETED \_\_\_\_\_

**REQUIRED:** My child has special needs (food allergies, learning or physical challenges, bee sting reactions, etc.)  NO  YES (please explain)

\_\_\_\_\_  
\_\_\_\_\_

CLASS NAME	CLASS DATES	COST OF CLASS

Ann Arbor Hands-On Museum Membership ID# \_\_\_\_\_

TOTAL COST OF CLASS(ES)

**PAYMENT:**  CASH  CHECK  VISA/MC# \_\_\_\_\_ EXP. DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

1. NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

STREET NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CITY \_\_\_\_\_ E-MAIL \_\_\_\_\_

2. NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

Which parent/guardian should we contact first in the event of an emergency? \_\_\_\_\_

My child has a current physical and up-to-date immunizations.

*In the event we cannot reach a parent/guardian, please provide us with an emergency contact that would be able to assist your child*

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

I understand my child will be treated with first aid in an emergency situation.

My signature on the registration form grants the Ann Arbor Hands-On Museum permission to use photographs of my child for promotional purposes. If you do not wish your child be photographed, please attach a written request.

My child, \_\_\_\_\_ has my permission to walk from the Ann Arbor Hands-On Museum to The Michigan Theater during *Science, Sound and Cinema* summer camp, August 3-7.

**PARENT/GUARDIAN SIGNATURE (REQUIRED)** \_\_\_\_\_

FOR OFFICE USE ONLY: RECEIVED DATE \_\_\_\_\_ TIME \_\_\_\_\_ CHECK # \_\_\_\_\_ MEMBERSHIP CHECKED BY \_\_\_\_\_