



Heritage Adventures Registration Form

Note: All information will be kept Confidential

Personal Information

Adventurer's Name: _____ Male/Female DOB: _____ Age: _____ Siblings in Camp: **YES / NO**

Parent / Guardian Name: _____ **NHS MEMBER: YES / NO**

Address: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Alternate Contact: _____ Relationship to Adventurer: _____

Daytime Phone: _____ Cell Phone: _____

The Adventurer named above has permission to walk home from the program at _____ AM / PM (Time) Yes / No

Person(s) to whom the participant MAY BE RELEASED: _____

Person(s) to whom the participant MAY **NOT** BE RELEASED: _____

Do you wish to receive a tax receipt for care provided? **YES / NO**

Medical Information

Doctor's Name: _____ Phone Number: _____

Allergies (eg. food, bees): _____

Emergency procedures for above (Please give as much detail as possible – add descriptive pages if necessary): _____

Does your adventurer have any health problems or limitations that would affect their participation in programs? (eg. hearing, speech, physical or emotional delays) _____

Specific instructions, if any, to our staff: _____

Conditions of Participation and Release

1. I will review the daily programs - noting that some of the activities will be taking place outside or off the Museum property .
2. I will provide sunscreen as needed.
3. I agree that that all electronic devices will be left at home or with the Museum staff.
4. I understand that the staff of the Norfolk Historical Society reserves the right to dismiss any participant who is, in their opinion, a hazard to the safety and rights of others or who appears to have rejected the reasonable controls of the program.
5. I hereby release the Norfolk Historical Society from all claims for damages arising from any incident or injury which is caused by or arising from any participation of the participant named herein during any program or in any facility at any location where a program is held.
6. I grant permission for my child to take part in activities held off site. I understand that my child will walk to offsite activities under the supervision of staff and volunteers.
7. I grant permission to the Norfolk Historical Society to take pictures or videotape my child and use these materials to promote both the program and the Museum.
8. I have read and fully understand the nature of all activities planned and my child has my permission to participate in the full schedule of activities.
9. I grant permission to Norfolk Historical Society and its representatives to transport my child to the hospital if treatment should be required.

Signature of Parent/Guardian

Date