

Heritage Adventures 2008 Registration Form

Note: All information will be kept Confidential

Personal Information:

Adventurer's Name: _____ Male Female

Parent / Guardian Name: _____

Address: _____ Siblings in Camp: YES / NO

Postal Code: _____ Home Phone: _____

Adventurer's Birth Date: (month/day/year) _____ Age: _____

Medical Information

Doctor's Name: _____ Phone Number: _____

Allergies (i.e., food, bees): _____

Emergency procedures for above: _____

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

What specific instructions, if any, do you require of our staff? _____

Emergency Contact Information

Emergency Contact Person: _____ Phone Number: _____

Relationship to Adventurer: _____

Alternate Contact Person: _____ Phone Number: _____

_____ Has permission to walk home from the program at _____ AM / PM
(Adventurers' Name) (Time)

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

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

Conditions of Participation and Release

Please make note that some of our activities will be taking place outside or off the museum property (Be sure to check the daily program descriptions; we will provide an additional form for permission to travel outside of the museum's property. We will have a bottle of sunscreen at the Museum, if for any reason that does not meet your standard, please provide sunscreen for your child. The staff of the Norfolk Heritage Centre 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.

I hereby release the Norfolk Heritage Centre 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.

I grant permission to the Heritage Centre to take pictures or videotape my child and use these materials to promote both the program and the Heritage Centre.

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. I also grant permission to the Heritage Centre and its representatives to transport my child to the hospital if treatment should be required.

Signature of Parent/Guardian

Date