

**Yakima Valley Museum  
Adventure Camp  
July 24-27, 8AM-11AM  
Registration Form 2017**

**Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Birth date** \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Birth date** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**Life threatening allergies/medical conditions** \_\_\_\_\_

**Date last seen by a physician** \_\_\_\_\_

**Other allergies/medical conditions** \_\_\_\_\_

**Parent/Guardian Name** (mother) \_\_\_\_\_ **Primary Phone** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**Employer Name** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Other** \_\_\_\_\_

**Parent/Guardian Name** (father) \_\_\_\_\_ **Primary Phone** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**Employer Name** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Other** \_\_\_\_\_

I give my permission for the following people to pick up my child in the event that I cannot. I understand that a photo I.D. will be required and that the person must be at least 18 years old. **Please list at least two names. Emergency**

**Contact Names**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Primary Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Other** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Primary Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Other** \_\_\_\_\_

**Hospital Preference** \_\_\_\_\_ **Physician Name** \_\_\_\_\_

**Insurance Provider** \_\_\_\_\_

**Authorization**

I hereby grant permission to the Yakima Valley Museum staff and/or medical personnel to give my child basic first aid. In the event I cannot be reached in an emergency, I give permission to medical personnel selected by the Yakima Valley Museum staff to secure and administer treatment (including hospitalization) and provide necessary transportation for my child as named above. The Museum staff will make every effort to notify me whenever my child becomes ill or injured, if required, I agree to pick up my child thereafter as soon as possible. \_\_\_\_\_ (initial)

I also give permission, without limitation or obligation, to use photographs, film footage, or tape recording, which may include my child's image or voice for purposes of promoting or interpreting Yakima Valley Museum, and release the Yakima Valley Museum from any claim of liability for that use. I also hereby authorize and give permission for my child to attend and participate in all activities including water activities. \_\_\_\_\_ (initial)

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please complete this form and return it to the Yakima Valley Museum to insure a spot**