



# 2018 Mammoth Camp Health & Registration Form

Child's Name: \_\_\_\_\_

Child's Date of Birth\*: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female

*\*Child must be 4- 8 years old and potty trained*

Grade: \_\_\_\_\_

Camp Tuition per Week: *\*Circle those that apply*

\$100 (Non-Members)

\$80 (YVM Members)

Make checks payable to: **Yakima Valley Museum**

**June 25th to 29th, 2018**

**8:30- 12:30**

Parent 1 / Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Parent 2 / Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

**In case of emergency, please give us an alternate person to contact if you are unavailable.**

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of injury, campers will be taken to the nearest hospital which is Yakima Valley Memorial Hospital unless you specify another hospital: \_\_\_\_\_

**Cancellation/Refund Policy:** If you need to cancel your child's Mammoth Camp session for any reason, please contact us immediately. If the session is canceled with at least 21 days notice you will receive a full refund minus a \$30 processing fee. If the session is canceled with less than 21 days, no refund will be given.

**Please complete both sides of this form. One form per child must be completed.**



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## Medical Treatment Waiver & Authorization

As the parent or legal guardian of \_\_\_\_\_, I hereby grant permission for my child to participate in the Yakima Valley Museum's Summer Mammoth Camp Program. In the event of an emergency, accident or illness, I authorize the Yakima Valley Museum and its agent(s) to administer emergency medical care to my child.

In the event that I cannot be reached in a medical emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.

**My signature below hereby represents that I have read, understand, and consent to the terms and conditions of this document.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

## PERMISSION TO PARTICIPATE:

My child \_\_\_\_\_ has permission to engage in all camp activities except as noted below.

Are there any activities your child **cannot** participate in?  YES  NO

If YES, please describe: \_\_\_\_\_

## HEALTH CONCERNS AND MEDICAL INFORMATION:

Does your child have any health issues (mental, emotional, or physical) or allergies that the YVM staff should be aware of?

YES  NO

If YES, please describe the reaction and the management to the reaction: \_\_\_\_\_

Does your child carry an Epi-Pen?  YES  NO

Does your child use/carry an inhaler, nebulizer, or other medical device?  YES  NO

Does your child currently take any prescribed medication(s)?  YES  NO

**If YES, please describe medication and dosage:**

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

**If medication needs to be taken at camp, please provide guidelines for administration:**

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

## LIABILITY AND MEDIA RELEASE

*I, the undersigned, agree to hold harmless the Yakima Valley Museum and its staff and volunteers of all liabilities known or unknown that may occur during the course of the scheduled Summer Mammoth Camp. I am aware that natural or manmade hazards may be present in the classroom environment and that my camper will be spending the day exploring the Museum and adjacent park grounds. I accept all responsibility for the activities performed during the program. Photographs will be taken at the Yakima Valley Museum Mammoth Camp showing campers and staff involved in camp activities. These may be used by the Yakima Valley Museum for promotional, informational and educational purposes.*

Photographs may include my youngster.  Please do NOT include my youngster in camp photographs.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Please complete both sides of this form. One form per child must be completed.**