



Day Camp Registration Form

"Moving to New Territory"

June 25 - 28, 2019

9:00 a.m. – 12:00 p.m.

Name of Child: _____ Age _____ Grade _____ Entering _____

Address: _____

Street/PO#

City

State

Zip Code

E-mail Address: _____

Phone number(s): _____

Parent or Guardian Name(s): _____

In case of emergency contact:

1. _____ 2. _____

Name

Ph. No.

Name

Ph. No.

Does the child have any dietary restrictions? Yes _____ No _____

If yes, please describe: _____

Does the child have any allergies? Yes _____ No _____

If yes, please describe: _____

Does the child need any accommodations for disability? Yes _____ No _____

If yes, please describe: _____

I understand that my child, _____ will be participating in some physical activities that involve playing games, as well as other activities such as making crafts. My child has permission to participate in these activities. _____

Signature of Parent or Guardian

This completed form must be returned with registration fee before June 15th

Old Independence Regional Museum - 380 South Ninth Street - Batesville AR 72501 - 870-793-2121

Registration fee for participation in day camp program is \$50.00 due by June 15th. Cancellation policy: Registration fee is NOT refundable regardless of the reason for canceling. No refunds will be made to a participant who withdraws from day camp before or after it has begun. OIRM reserves the right to cancel the event if minimum enrollment of 10 campers is not met; in this event pre-paid registration fee will be refunded.

(OVER)

Old Independence Regional Museum Photography Release

I hereby authorize Old Independence Regional Museum (hereafter referred to as "The Museum") to publish photographs and other images taken of and/or by me, and my name and likeness, for use in The Museum's print, online and video-based advertising and marketing materials, as well as other Museum publications.

I hereby release and hold harmless The Museum from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the use or publication of these images or participation in Museum marketing materials or other Museum publications. I also acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release The Museum, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Authorization

Printed Name: _____

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____