

## 2010 MONTSHIRE SUMMER CAMP REGISTRATION FORM

### Registration Procedures

**Member-only registration:** December 21, 2009 through January 25, 2010.

**General registration:** Begins January 26, 2010.

#### Become a Montshire Member

- Enjoy pre-registration privileges for Montshire Summer Camp.
- Save \$25 to \$40 on summer camp registration fees.  
(visit [www.montshire.org/membership](http://www.montshire.org/membership), or call 802-649-2200)

**New for 2010--**Save when you register your child for more than one week of camp.

- Save \$15 when you register for two weeks.
- Save \$30 when you register for three weeks.

*Please submit one registration form for each child.*

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**Registration confirmation:** Due to the number of applications we receive, placement is not guaranteed until you receive written confirmation. Confirmations will be mailed within one week of receipt of your application. If you do not receive your preferred sessions, we will be glad to place you on a waiting list, or you may choose an alternate session.

**Fees:** Full payment by credit card must accompany all on-line registrations. Your credit card will not be charged until placement is confirmed. If you prefer to pay by check, please print and sign this form, and mail it, along with a check, to: Montshire Museum, One Montshire Road, Norwich, VT, 05055.

**Scholarships:** Scholarship aid is available for Montshire Summer Camp. We encourage families who need assistance to submit a scholarship application. You may download a scholarship application at [www.montshire.org/summercamp2010](http://www.montshire.org/summercamp2010), or request a form by calling 802-649-2200.

**Refund Policy:** Cancellations made before May 14, 2010 will receive a full refund less a \$40 processing fee per camp session. Cancellations made after May 14, and up to three weeks prior to the camp session's start date, will receive a 50% refund. No refunds will be given for cancellations made less than three weeks prior to the start of the session.

**Montshire Museum of Science**

[www.montshire.org](http://www.montshire.org)

802-649-2200



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**Medical Information and Special Needs**

Child's Physician: \_\_\_\_\_

Phone #: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Allergies (describe symptoms and treatment): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child carry an epipen ?  yes

Date of last tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is your child on any regular medication? If so, what is it and how is it administered? If we need to oversee your child taking medication during camp, please provide the details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child been diagnosed with any behavioral or physical disability? If so, please describe and suggest strategies you've found effective.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child require a special aide or special consideration at school? Please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other medical issues: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check here, if you have a specific concern about your child and would like Montshire staff to call before camp begins.

Is there anything in your child's life that might impact his or her experience at camp (i.e., unusual family situation, difficulty in reading or writing, physical problem or recent illness, fear of the dark)? Please describe.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Swimming ability:

non-swimmer       beginner

intermediate       strong

**Release and Consent**

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

Date of Birth: \_\_\_\_\_

Parent(s) or Legal Guardian(s) Name(s):

\_\_\_\_\_

\_\_\_\_\_

*Although the Montshire staff is trained to minimize accidents, events in the outdoors can create hazards for our program participants. Accordingly, we are required by our insurance carrier to have each participant sign a release.*

I authorize the Montshire Museum staff to carry out standard first aid and CPR, including treatment of severe allergic reactions, and to arrange for emergency care for my minor child/ward at a local hospital, as the staff deems necessary. I authorize hospital personnel to provide emergency medical treatment for my child/ward.

I wish that my child/ward participate in summer camp program(s) which is/are organized and administered by the Montshire Museum of Science during the summer of 2010. I am familiar with and recognize the risks inherent in the program and I assume all the risks of injury and loss arising or resulting from my child's/ward's participation, hereby releasing and holding harmless the Museum, its employees or agents from liability for any such injury or loss.

I further authorize the staff of the Montshire Museum Summer Programs to take my child/ward on field trips requiring motor transportation (grades 3 and up only).

I allow the Montshire Museum to use photographs of my child/ward for Montshire publicity, and understand that my child's name will not be used.

Signed: \_\_\_\_\_  
(Parent or Legal Guardian) (Date)

Signed: \_\_\_\_\_  
(Parent or Legal Guardian) (Date)

**Mail Registrations To:**

Summer Camps  
Montshire Museum of Science  
One Montshire Road, Norwich, VT 05055

www.montshire.org  
802-649-2200