

Camden-Rockport Historical Society
2022 SUMMER CAMP REGISTRATION FORM

Please fill out forms and send with payment to :
Camden-Rockport Historical Society, PO Box 747 Rockport, ME 04856
OR scan and email to crhsme@myfairpoint.net

Please indicate what week(s) of camp will your child be attending. Camps are for ages 7-12, and run from 9:00 to 12:30 daily.

Week 1 (6/27-7/1) _____ Week 2 (7/11-7/15) _____ Week 3 (8/1-8/5) _____

CAMPER'S NAME: _____ Birth date: ____/____/____

Street/PO Box: _____ Home Phone: _____

Town/City: _____ State: _____ Zip Code: _____

PARENT/GUARDIAN #1 NAME: _____

Address: _____ Home Phone: _____

_____ Place of Employment: _____ Work Phone: _____

_____ Cell Phone: _____ Email: _____

_____ What is the best way to reach Parent/Guardian #1? _____

Guardian #1? _____ Send all email communication to

Parent/Guardian #1? Yes No

PARENT/GUARDIAN #2 NAME: _____

Address: _____ Home Phone: _____

Place of Employment: _____ Work Phone: _____

Cell Phone: _____ Email: _____

What is the best way to reach Parent/Guardian #2? _____

Send all email communication to Parent/Guardian #2? Yes No

If we should need to call during the time your child is in our care, which parent/guardian should we try to contact first? _____

EMERGENCY CONTACTS (in case a parent/guardian as listed above cannot be reached):

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

Names of persons who are permitted to remove the child from the program:

1. _____ 2. _____ 3. _____

***PLEASE NOTE:** We must be able to contact someone on this form at any time your child is in our care. Please inform us in writing if any of your contact information changes or if you wish to add or remove anyone from the pick-up list.

Name of Physician: _____ Phone: _____

Address: _____

Health Insurance Carrier: _____ ID #: _____ Group #: _____

I hereby give my consent, in the event of a medical emergency when I cannot be contacted, for **Historical Society** staff to obtain whatever treatment may be deemed necessary for: _____

____/____/____ Your child's name

Date of birth

This authorization includes my consent for the above-named child to receive treatment by a physician in any hospital emergency department. I hereby give my authorization for emergency medical treatment as outlined above.

Date of last tetanus shot: ____/____/____

Does your child self-administer any medications such as an inhaler or epi-pen?

Please list any medication your child will be taking at camp. All medication must be given to the Camp Director and come in original bottle with the name of child, medication, dosage, and doctor's name.

CAMPER MEDICAL HISTORY (Please check all that apply)

- | | | |
|--------------------------------------|--------------------------------------|-------------------------------------|
| <input type="radio"/> Asthma | <input type="radio"/> Hypertension | <input type="radio"/> Epilepsy |
| <input type="radio"/> German measles | <input type="radio"/> Whooping cough | <input type="radio"/> Mononucleosis |
| <input type="radio"/> Measles | <input type="radio"/> Scarlet fever | <input type="radio"/> Diabetes |
| <input type="radio"/> Heart disease | <input type="radio"/> Convulsions | <input type="radio"/> Other _____ |

ALLERGIES (Please check all that apply)

- | | | |
|-----------------------------------|---|--|
| <input type="radio"/> Animals | <input type="radio"/> Serious ivy, oak, sumac | <input type="radio"/> Insect bites, stings |
| <input type="radio"/> Penicillin | <input type="radio"/> Foods | <input type="radio"/> Medications |
| <input type="radio"/> Other _____ | | |

Does your child have any medical conditions we should be aware of? Also include anything about your child's health that will help the Historical Society staff to better understand and work with your child, such as hearing/vision problems, physical needs or behavioral issues (Please attach letter if necessary).

Disabilities or Physical Restrictions: Please describe any disabilities or physical restrictions of which you want us to be aware and any reasonable adaptations or accommodations that are requested:

Is there anything we should know about your child to ensure their success in our program?

CONSENT AND AUTHORIZATION

I approve of my child using his/her own:

Bug Spray No Yes **Sun Screen** No Yes

Parent/Guardian Initials: _____

**Camden-Rockport Historical Society
7 Commercial Street (physical address - next to
Hannaford)
PO Box 747
Rockport, ME 04856**

**Heather Moran, President
207-322-1971 (cell)**

**Susan Reidy, Camp Director
crhsme@myfairpoint.net**

Camden-Rockport Historical Society 2022 SUMMER CAMP WAIVERS

CHILD RELEASE FORM AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the Camden-Rockport Historical Society (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the Camden-Rockport Historical Society the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the Camden-Rockport Historical Society for observation or use of any facilities or equipment or participation in such affiliated program constitutes in acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

- THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVERS, DISCHARGES AND CONVENANTS NOT TO SUE THE Camden-Rockport Historical Society, its directors, officers, employees and agents (hereinafter referred to as "releases") from all liability to the undersigned, or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or property resulting in death of the undersigned or such children whether caused by negligence of the releases or otherwise while the undersigned or such children, is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the Camden-Rockport Historical Society.
- THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned or such children in, upon or about the Camden-Rockport Historical Society premises or in any way observing or using any facilities or equipment of the Camden-Rockport Historical Society or participating in any program affiliated with the Camden-Rockport Historical Society whether caused by the negligence of or the releases otherwise.
- THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasee or otherwise while in, about or upon the premises of the Camden-Rockport Historical Society and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Camden-Rockport Historical Society.
- THE UNDERSIGNED further agrees that the RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as permitted by the law of the State of Maine and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.
- THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from foregoing written agreement have been made.

I HAVE READ THIS RELEASE

Date: _____ Signature of Applicant/Parent _____

Camden-Rockport Historical Society PHOTO RELEASE

I hereby give the Camden-Rockport Historical Society and all persons and corporations acting with its permissions or upon its authority, including the photographer, the absolute right and permission to take, copyright, use and publish photographs, videos, or other digital media ("photo") of or concerning

(Camper's Name) _____ for the purposes of Camden-Rockport Historical Society art, advertising, education, promotion, or for any other purpose consistent with the Camden-Rockport Historical Society mission. I agree that the photo becomes the exclusive property of the

Camden-Rockport Historical Society and I waive all rights thereto. I waive all rights to inspect and/or approve any printed matter that may be used in conjunction with the photograph and the use to which it may be applied.

I HAVE READ THIS RELEASE

I AGREE: Date: _____ Signature of Applicant/Parent _____

I DO NOT AGREE: Date: _____ Signature of Applicant/Parent _____

I HAVE READ THIS RELEASE

I AGREE: Date: _____ Signature of Applicant/Parent _____

I DO NOT AGREE: Date: _____ Signature of Applicant/Parent _____

2022 CAMP FEE PAYMENT AND CANCELLATION/CHANGE POLICY AGREEMENT

CAMP PAYMENT METHODS:

Please select one of the camp payment options below. Registration cannot be confirmed until the entire completed registration packet is returned and payment arrangements are confirmed.

All camp programs must be paid in full at the time of registration. Due to the popularity of our camp, we must enforce a strict cancellation policy. Refunds will be given if the parent/guardian cancels two weeks or more prior to the camp week start date. If a two week notice is not provided, no refund or credit will be issued. We are dedicated to working with all families and are committed to ensuring children enjoy their summer camp experience, please contact us at 207-322-1971 with questions.

PLEASE SELECT PAYMENT METHOD BELOW:

PAY IN FULL: I wish to pay my balance due in full.

Total Balance Due: \$200.

Please make checks out to **Camden-Rockport Historical Society** with "Summer Camp" in the memo field.

You may also pay online through our website : https://www.paypal.com/donate/?hosted_button_id=TN4ZUUNPQ9S7L

Click the dropdown box for "Summer 2022 History Camp"

FINANCIAL ASSISTANCE: If you need financial assistance / payment arrangements, please contact us.

CHANGE POLICY:

Fees are based on enrollment, not attendance. Our desire is to enable every child who wants to come to camp the opportunity to do so. Please contact us immediately if you need to change your scheduled week (s) of camp.

I have read or had read to me the Fee /Change Policy Agreement and understand and accept its terms.

I understand that fees are based on enrollment and not attendance.

Signature: _____ Print Name: _____ Date: _____

Historical clothing such as tricorne hats and bonnets and aprons will be provided ; however, if your child has a Colonial-era outfit (from the 1770s American Revolution) they are welcome to bring their own!

Sneakers or other comfortable walking shoes are required. No sandals or flip-flops please!
Bring a labeled water bottle and a snack. Please ensure kids have a good breakfast before they arrive.