



# 2017 Discover History Camp-Registration Form

Camps fill quickly! Please fill out a separate form for each camper. Remember to fill out both pages. Feel free to make copies.

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ M or F

Parent/Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child lives with: \_\_\_ Both Parents \_\_\_ Father \_\_\_ Mother \_\_\_ Other

Please indicate any custody arrangements\*: \_\_\_\_\_

\*that would affect pick up of camper

### **Emergency Contact ( to be contacted if parents can't be reached)**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **Medical Concerns**

|                         |                     |                                    |
|-------------------------|---------------------|------------------------------------|
| ____ Physical Handicaps | ____ Heart Problems | ____ Sensitivity to Sun            |
| ____ ADD/ADHD           | ____ Asthma         | ____ Diabetes                      |
| ____ Seizures           | ____ Vegetarian     | ____ Exercise Induced Difficulties |

Other Concerns (Physical or Behavioral) that we should know:

### **Allergies**

|                                |                                                |
|--------------------------------|------------------------------------------------|
|                                | Describe reactions and management instructions |
| Insects/ Animals/Plants (list) |                                                |

\_\_\_\_\_

Food (list)

\_\_\_\_\_

Medications (list)

\_\_\_\_\_

\_\_\_\_\_

Camper's current medications\*: \_\_\_\_\_

**\*Employees of Heritage Hill are not authorized to administer medication. Specific medications needed throughout the course of the camps need to be administered by the child's parent or guardian.**

Camper's additional needs: \_\_\_\_\_

First time Heritage Hill camper? Y \_\_\_\_\_ N \_\_\_\_\_



**Consent Statement:** I will not hold Heritage Hill responsible in case of an injury resulting from my child's participation in a Discover History Camp program, and give consent to my child being given emergency treatment by a physician or hospital as needed. I understand that employees of Heritage Hill are not authorized to administer medication. Specific medications needed throughout the course of the camps MUST be administered by the child's parent or guardian. In addition, I understand that during some camps food naturally grown at Heritage Hill is shared with campers as a way to show, instruct, and describe life ways of a particular time period. Should my child be allergic to any foods I will list those under the medical concerns section of this form.

I give consent to allow my child to eat foods supplied. \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Guardian Signature \_\_\_\_\_  
Date

|    | <u>Name of Camp</u> | <u>1<sup>st</sup> Choice Date</u> | <u>2<sup>nd</sup> Choice Date</u> |
|----|---------------------|-----------------------------------|-----------------------------------|
| 1. | _____               | _____                             | _____                             |
| 2. | _____               | _____                             | _____                             |
| 3. | _____               | _____                             | _____                             |

**How to Pay:**

Camp registration total \$ \_\_\_\_\_

**-10% discount** if you sign \_\_\_\_\_ \$ \_\_\_\_\_  
Up 1 camper for 2 or more  
Camps **OR** if you have a  
Heritage Hill Membership Card

**TOTAL DUE:** \$ \_\_\_\_\_

Checks may be made payable to **Heritage Hill State Historical Park.**

Credit Card users fill out the following:

CC#: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ Type of card: \_\_\_\_\_ Visa \_\_\_\_\_ Master Card  
Amount Charged: \$ \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

**Mail completed forms with full payment to:**

Heritage Hill State Historical Park/ DHC  
2640 S. Webster Ave. Green Bay, WI 54301  
Fax: (920) 448-5147

*\*NOTE: Heritage Hill reserves the right to cancel camps if they do not meet minimum enrollment. Parents will be notified at least 1 week prior to camp if this occurs. In this event, camp fees will be refunded or you will be moved to your 2<sup>nd</sup> choice. Please note that refunds are not available once payment has been received.*

**ALL PHOTOGRAPHS TAKEN DURING CAMPS MAY BE USED IN HERITAGE HILL BROCHURES OR OTHER ADVERTISING PROMOTIONS**

