



2019 Discover History Camp Registration Form

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

Camper's Information:

First Name: _____ Last Name: _____
Age: _____ Gender: _____

Parent/Guardian Contact Information:

Parent/Guardian #1

First Name: _____ Last Name: _____
Address: _____ City/St/Zip: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email: _____

Parent/Guardian #2

First Name: _____ Last Name: _____
Address: _____ City/St/Zip: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email: _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name: _____ Last Name: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Relation to Child: _____

Emergency Contact #2

First Name: _____ Last Name: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Relation to Child: _____

Please list those people in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Information:

Please list any medical problems, including any requiring maintenance medication.

Medical Problem	Required Treatment	Should paramedic be called?
_____	_____	Yes No
_____	_____	Yes No
_____	_____	Yes No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?
Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Employees of Heritage Hill are not authorized to administer medication except EpiPen. Will your child have an EpiPen with them?

Yes__ No__

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

****NOTE Heritage Hill reserves the right to cancel programs at any time for any reason. In this event, refunds will be administered. If the attendee withdraws their registration, refunds will not be available.***

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