



## Knock Knock Children's Museum / **CAMP Registration Form**

**Name of Program:** \_\_\_\_\_ **Date of Program:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

### **Parent/Guardian's Name**

**Parent #1:** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Work** \_\_\_\_\_

**Parent #2:** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Work** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

### **Emergency Contact (other than Parent/Guardian)**

**Name:** \_\_\_\_\_ **Relation to child:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_ **Work Number:** \_\_\_\_\_

### **Additional Persons authorized for Pick Up (state issued i.d's are required to check out campers)**

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_ **Work Number:** \_\_\_\_\_

### **Medical Release Information**

**Primary Physician** \_\_\_\_\_ **phone number:** \_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_

**Insurance Info: Policy number:** \_\_\_\_\_ **Name of Insurance Provider:** \_\_\_\_\_

**Please let us know of any medical conditions or special needs your child may have:**

**Is your child allergic to any type of food, environmental factor or medication?**

**Yes / No If YES please explain:**

**Is there anything else you would like to share about your child?**

KKCM Staff does not administer medication, if your child has severe allergies of other conditions that require special monitoring we welcome your attendance in the program.

KKCM Staff has the right to remove children who after redirection are disruptive to the program.

**Waiver:**

- I/We the parents of \_\_\_\_\_, do hereby grant permission for he/she to participate in activities presented in the Knock Knock Children's Museum Workshop, AND understand that the Knock Knock Children's Museum employees, officers, volunteers and BREC are not responsible for any liability arising out of participation in this Workshop.
- I understand that I will be notified in the case of a medical emergency involving my child followed by my listed Emergency Contact.. In the event the above cannot be reached I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.
- I understand that a State Issued I.D. that matches the name of persons authorized to pick up your child is required to release your child at the end of the program.

Please Select One

- I grant to Knock Knock Children's Museum, its representative and employees the right to take photographs and audio/or video recordings of my child in connection with this Workshop. I agree that Knock Knock may use such photographs of my child in promotional videos, websites, enews, and printed material.
- I do not grant to Knock Knock Children's Museum, its representative and employees the right to take photographs and audio/or video recordings of my child in connection with this Workshop. I agree that Knock Knock Children's Museum may use such photographs of my child in promotional videos, websites, enews, and printed material.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

*By placing your email below, you are giving permission for Knock Knock Children's Museum's staff to send updated camp information, as well as upcoming Knock Knock Children's Museum's programs in the future. Please print legibly.*

Email Address: \_\_\_\_\_