



AMERICA'S CAR MUSEUM® Camper Information Form

Please circle the High Speed Fun camp session that your child is attending:

Session 1: Ages 12-15
Monday, July 25- Friday, July 29, 2016

Session 2: Ages 8-11
Monday, August 8- Friday, August 12, 2016

Camper's Full Name: _____
Date of Birth: ____/____/____ Age (at time of camp): _____ Gender: _____
Camper's Mailing Address: _____
City: _____ State: _____ Zip Code: _____
School Attending (Fall 2015): _____ Grade (Fall 2016): _____

Parent/Guardian #1:

- Name: _____
- Relationship to Camper: _____
- Employer: _____
- Work number: _____
- Home number: _____
- Cell phone number: _____
- Email Address: _____
- Address (if different from camper): _____

Parent/Guardian #2:

- Name: _____
- Relationship to Camper: _____
- Employer: _____
- Work number: _____
- Home number: _____
- Cell phone number: _____
- Email Address: _____
- Address (if different from camper): _____



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Local Emergency Contact #1: (if parents/guardians cannot be reached.)

- Name: _____
- Relationship to Camper: _____
- Best Contact Number: _____

Local Emergency Contact #2: (if parents/guardians cannot be reached.)

- Name: _____
- Relationship to Camper: _____
- Best Contact Number: _____

Checkout Authorization: Campers will be kept in the designated checkout area until an authorized person signs him/her out. Picture ID must be shown before camper can be released. All parent/guardians and local emergency contacts that are already list on this form are automatically authorized to sign out camper.

Please list below any additional persons who are authorized to sign-out your child from camp:

Name: _____ Relationship to Camper: _____

Name: _____ Relationship to Camper: _____

Name: _____ Relationship to Camper: _____

Name: _____ Relationship to Camper: _____

Late Pick-up Fee Reminder: After a 15 minute grace period, a late pick-up fee of \$10 for every 10 minutes will apply. This fee is applicable for each program day.

T-shirt Size (for summer camp only): Circle one choice below.

- | | | | | | |
|----------------|-------|--------|-------|---------|----------|
| <u>Youth</u> - | Small | Medium | Large | | |
| <u>Adult</u> - | Small | Medium | Large | X-Large | XX-Large |

Photography/Filmography/Recording Permission

In the event my child is photographed, filmed, or recorded while participating in a camp program, ACM may use photo, film, or recording for publicity, promotional, and instructional purposes.

Signature of Parent/Guardian

Date



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Primary Physician or Health Care Provider:

- Name: _____
- Phone number: _____
- Address: _____

The following immunizations are strongly recommended. Please circle below which immunizations the camper has received.

Measles, Mumps, and Rubella (MMR)

Diphtheria, Tetanus, and Pertussis (Tdap/DTP/DT/ Td)

Inclusion Policy: Children of all abilities are welcome and encouraged to participate in our camps and programs. LeMay- America's Car Museum does not provide 1:1 supervision for participants needing assistance with personal care. However, care providers are welcome to attend camp at no extra charge.

Please circle all that apply to the camper:

Attention Deficit (Hyperactive) Disorder	asthma	hearing impairment
visual impairment	heart problems	mobility limitations
developmental delay	diabetes	blackouts
speech/language impairment	traumatic brain injury	seizures/epilepsy
behavior/emotional disorder	allergies	special dietary needs
recent operation/injury		

If any of the health conditions (circled above) or other special needs may affect participation in regular camp activities, then please explain below:



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Medication Authorization

Please list ALL medications (including over the counter or non-prescription drugs) to be taken while at camp:

Medication #1: _____

Dosage amount: _____

Specific time(s) taken each day: _____

Reason for taking: _____

Medication #2: _____

Dosage amount: _____

Specific time(s) taken each day: _____

Reason for taking: _____

Medication #3: _____

Dosage amount: _____

Specific time(s) taken each day: _____

Reason for taking: _____

Medication #4: _____

Dosage amount: _____

Specific time(s) taken each day: _____

Reason for taking: _____

Medication #5: _____

Dosage amount: _____

Specific time(s) taken each day: _____

Reason for taking: _____

Medications must be kept in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, the frequency of administration, and the expiration date. Medication cannot be expired or in a different container than the original. Medication must be given to program staff upon check-in and will be kept in a locked cabinet. Program staff will not administer medications/shots to participants. Instead, the child must be able to open the bottle or packet and take the medication without assistance.

If medication requires administration by program staff in a life-threatening condition (such as use of an EpiPen during an allergic reaction), then an approval request must be made in writing by the parent/guardian.

Signature of Parent/Guardian

Date



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Authorization for Emergency Procedures and Release of Liability

My child has permission to participate in the camp activities and trips during the session(s) and program(s) for which he/she is enrolled at LeMay- America's Car Museum (ACM).

I understand that camp activities have inherent risks and that reasonable measures will be taken to safeguard the health and safety of all participants. I will assure that my child is properly prepared for all activities including having proper clothes and equipment, being in good health, and willing and able to abide by camp policies. I recognize that campers must follow safety instructions, remain in areas designated by staff, and refrain from behavior that is harmful to themselves and others. Failure to adhere to camp policies will be cause for dismissal without refund of the camp fee.

I release ACM and its employees and volunteers from liability for any harm, injury, or damage which I, or my minor child may suffer while participating in the above described program. This includes all risks that are connected with this activity whether foreseen or unforeseen. I agree to hold ACM employees and volunteers harmless from any damage to persons or property, resulting from the negligence and/or intentional act of myself or my children.

I understand that I will be notified as soon as possible in case of any emergency affecting my child, or if my child is not well, or is unable to function in camp. I give permission for camp personnel to provide appropriate routine and emergency care of my child and/or transport necessary for that care. In case of medical emergency (after every reasonable effort has been made to contact me, the family physician, or other critical contacts listed on the form), I hereby give permission to the medical provider selected by ACM staff to secure and administer treatment, including hospitalization, for the child named above, and agree to have necessary transportation arranged for my child, and agree to be responsible for the expenses incurred in these measures.

I understand that this release and waiver is intended to be as broad and inclusive as permitted by the laws of the State of Washington, and if any portion thereof is held invalid, then it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

As the camper's legal parent/guardian, I have completed this form to the best of my knowledge. I understand the terms of this release and have signed this document as my own free act.

Signature of Parent/Guardian

Date

DUE: 2 WEEKS BEFORE THE START DATE OF CAMP

Please return this completed form via one of the following means:

Email address: education@americascarmuseum.org

Fax #: 253-779-8499

Mailing Address: Education Department, 2702 East D Street, Tacoma, WA, 98421