



Summer Camp Registration Form

General Participant Information

Child's Name: _____

Date of Birth: ____ / ____ / ____

Grade Level Completed: _____

Parent/Guardian Information

Parent/Guardian name: _____

Phone: (Cell) _____ (Home) _____ (Work) _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Emergency Information

Emergency Contact (If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf):

Name: _____ Relationship: _____

Phone: _____

Additional Persons Authorized to Pick Up Child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical Information:

Allergies: _____

Medications: _____

Additional Medical Information: _____

Medical Release (Permission for Emergency Treatment):

In the event that (child's name)_____ becomes ill or sustains an injury while in the care of The Museum of Organized Crime and Law Enforcement or its affiliates, I authorize first aid to be administered. If it should become necessary to seek professional medical treatment, I give permission for a licensed medical professional to administer any medical and/or surgical treatment deemed necessary, including hospitalization. I understand every effort will be made to contact me, or if not possible, one of the parties listed under emergency contact. I accept full financial responsibility for all expenses incurred.

Photo/Video Release

By registering for any Museum of Organized Crime and Law Enforcement program, I allow publication of photos or video taken of my child at any program, event, or facility included in the program.

Parent/Guardian Name: (Print)_____ Date:_____/_____/_____

Parent/Guardian Name: (Signature)_____

Code of Conduct:

1. Respect: I will treat myself, my fellow participants, my camp leaders, guest speakers, all facilities and artifacts with respect.
2. Cell phones and other electronic devices: Shall be put away during any instruction.
3. Chewing gum: Will not be allowed within the facilities or any transportation vehicle used during the camp.
4. Appropriate Behavior: Horseplay, fighting, abusive language, and will-full destruction of any property will not be tolerated.

By signing, I understand that I may be removed from the program if any part of the code of conduct is broken.

Participant Name: (Print)_____ Date:_____/_____/_____

Participant Name: (Signature)_____

By signing, I verify that my child has read and understood the code of conduct, and realize that they may be removed from the program if any part of the code of conduct is broken.

Parent/Guardian Name: (Print)_____ Date:_____/_____/_____

Parent/Guardian Name: (Signature)_____