

**Kids Spanish Summer Camp
Registration Form 2017**

Child's Name _____ Age _____ Birth date _____

Child's Name _____ Age _____ Birth date _____

Home Address _____ City/State/Zip _____

Life threatening allergies/medical conditions _____

Date last seen by a physician _____

Other allergies/medical conditions _____

Parent/Guardian Name (mother) _____ **Primary Phone** _____

Home Address _____ City/State/Zip _____

Employer Name _____ Work Phone _____

Other _____

Parent/Guardian Name (father) _____ **Primary Phone** _____

Home Address _____ City/State/Zip _____

Employer Name _____ Work Phone _____

Other _____

I give my permission for the following people to pick up my child in the event that I cannot. I understand that a photo I.D. will be required and that the person must be at least 18 years old. **Please list at least two names.**

Emergency Contact Names

Name _____ **Relationship** _____

Primary Phone _____ Work Phone _____ Other _____

Name _____ **Relationship** _____

Primary Phone _____ Work Phone _____ Other _____

Hospital Preference _____ **Physician Name** _____

Insurance Provider _____

Authorization

I hereby grant permission to the Yakima Valley Museum staff and/or medical personnel to give my child basic first aid. In the event I cannot be reached in an emergency, I give permission to medical personnel selected by the Yakima Valley Museum staff to secure and administer treatment (including hospitalization) and provide necessary transportation for my child as named above. The Museum staff will make every effort to notify me whenever my child becomes ill or injured, if required, I agree to pick up my child thereafter as soon as possible. _____ (initial)

I also give permission, without limitation or obligation, to use photographs, film footage, or tape recording, which may include my child's image or voice for purposes of promoting or interpreting Yakima Valley Museum and YMCA programs, and release the Yakima Valley Museum and the YMCA from any claim of liability for that use. I also hereby authorize and give permission for my child to attend and participate in all activities including water activities. _____ (initial)

Parent/Guardian Signature _____ **Date** _____

Please complete this form with a \$75 deposit & return it to the Yakima Valley Museum to insure a spot