Archaeology Summer Camp Program
Registration Form 2012

Summer Camp  August 6-10, 9:00AM-4:00PM

Student Information

First Name:__________________ Last Name:__________________ Age:____
School:___________________________ Grade as of Fall 2011:_____

First Name:__________________ Last Name:__________________ Age:____
School:___________________________ Grade as of Fall 2011:_____

First Name:__________________ Last Name:__________________ Age:____
School:___________________________ Grade as of Fall 2011:_____

Parent/Guardian Information

1. First Name:__________________ Last Name:__________________
Address:________________________ City:________________ State:____ Zip:_______
Home Phone:____________________ Work:________________ Cell:_______________
Email:___________________________ Relation to student:_____________________

2. First Name:__________________ Last Name:__________________
Address:________________________ City:________________ State:____ Zip:_______
Home Phone:____________________ Work:________________ Cell:_______________
Email:___________________________ Relation to student:_____________________

Adult(s) authorized to pick up child (other than parents listed above)

1. Name:__________________ Ph__________________ 2. Name:__________________ Ph__________________

Emergency Contact(s) (other than parents listed above)

1. Name:__________________ Ph__________________ 2. Name:__________________ Ph__________________
Special Needs

Medical Information (allergies, medications, diet restrictions)
This information is confidential and will not be shared with anyone other than your child’s camp instructor.

Learning or behavior needs (learning disabilities, behavior issues that may affect group learning) This information is critical in ensuring the very best experience for your child.

Payment Due

☐ $210 General
☐ $190 MNCH Member

Museum of Natural and Cultural History members receive discounts on programs throughout the year, including summer camp, after-school and weekend clubs as well as free admission to exhibits all year.

Release of Liability and Emergency Medical Care

My signature below indicates that I give permission for my child, to participate in the Museum of Natural and Cultural History education program and that in consideration of the Museum of Natural and Cultural History allowing my child to participate, I will indemnify and hold harmless the University of Oregon and the Museum of Natural and Cultural History staff, volunteers, and their agents from and against any and all claims, suits or actions of whatever nature resulting from or arising out of my child’s participation in the Program identified above. In the event of illness or injury, I authorize the University and its staff to obtain or administer medical care or treatment deemed necessary.

Signature of Participant’s Parent/Guardian: ________________________________

Printed Name of Parent/Guardian: ______________________________________

Media Authorization

I authorize the University of Oregon and the Museum of Natural and Cultural History to record and use photographs, video, audio and/or statements of my child. The child’s first and last name may appear in newspaper or other printed publications.

Signature of Participant’s Parent/Guardian: ________________________________

Printed Name of Parent/Guardian: ______________________________________