

The Children's Museum

Saturday Explorer Club Registration Form

Childs Name				Age	
Parent/Guardian Name(s)			Childs DOB		
Home Phone		Work Phone		Email	
Address			City		Zip
Workshop Name					Fee
Yes, I would like to help make a learning opportunity available for someone less fortunate.					\$
T-shirt	Sizes: 6-8 10-12 14-16 S M L			@ \$10	\$
				TOTAL	\$
Date Rcv'd	Init	Amount	Check #	Entered	Init

Emergency Form

Emergency Contact	Relationship	Phone
Primary Physician		Phone
Other authorized adult (for pick up)		Phone
Special Medical Considerations/Allergies: (please list all allergies, medicines and any other medical information that will help keep your child safe):		
<p>I understand that participation in the Children's Museum at Edwardsville ("Museum") Camp and Explorer programs ("Camp") may include exploring on and off the Museum premises and that registration grants permission for my child to participate in such activity under the supervision of Museum staff, management, Camp affiliates, and volunteers.</p> <p>I give permission for my child's photo to be used in Museum publications and for publicity purposes.</p> <p>I understand that the Children's Museum at Edwardsville is permitting my child to participate in Camp activities and to use its facilities and hereby agree that I/we, _____parent(s)/guardian(s) of _____will not make any claim against the Children's Museum at Edwardsville for injury or damages resulting from my child's participation in the Camp. My child _____ and I will follow all rules made and directions given by the Children's Museum at Edwardsville and its affiliates in connection with the Camp. I release Museum staff, management, volunteers, Directors, Officers, and all others affiliated with the Museum and/or Camp, from any and all claims, actions, damages, liabilities, losses, costs and expenses, in any way arising out of or resulting from my or my child's participation in the Camp, including, without limitation, any and all claims, actions, and liabilities for injury, loss or damage to me, my child, anyone else or to any property. I agree to defend and indemnify Museum staff, management, volunteers, Directors, Officers, and all others affiliated with the Museum and/or Camp, and hold them harmless from any and all liabilities, claims, actions, damages, expenses and losses (including, without limitation, attorney's fees) of any kind or nature whatsoever in any way caused by or arising out of my or my child's participation in the Camp.</p> <p>I authorize the Children's Museum at Edwardsville to obtain emergency medical care/treatment to my child from a duly licensed physician, hospital and/or paramedic.</p>		

Parent/Guardian Signature

Print Name

Date