

2020 Summertime Adventure Camps Registration Form

June 2nd through July 31st

9:00am-11:30am & 12:30-3:00pm

The Children’s Museum of Central NE offers exciting weekly camp programs during summer vacation! We blend activities in science, art, culture, music and more all in the safe and educational environment of our children’s museum! Our camp programs are for children ages 3 – 6 and four afternoon sessions for 7-10 yrs olds.

*Children must be 3 by 6/1/20 and must be potty trained. **There will be no camps June 30-July 3rd!***

Afternoon sessions are being offered Weeks 1,3,5 & 7 for children 7-10 yrs. old!

Camper information:

Child’s Name (First, Last)	Age	Birth date	Boy	Girl	Gender (circle)
Street Address	City	State	Zip	phone	email address

Parent / Contact information:

Parent/Guardian Name	Relation	Home Phone	Work Phone	Cell Phone	
Parent/Guardian Name	Relation	Home Phone	Work Phone	Cell Phone	
					Additional Emergency
Contact	Relation	Home Phone	Work Phone	Cell Phone	

The above individuals will be authorized to pick up your child from our program.

Weekly Programs: *(please check the camps your child will be attending)*

Weeks 1,3,5 & 7 PM sessions are for children ages 7-10 years old PLEASE CIRCLE AM OR PM

AM or PM Week 1: South of the Border (6/2-6/5)	AM or PM Week 5: Let’s Get Famous (7/7– 7/10)
___ Week 2: Rapunzel (6/9 – 6/12)	___ Week 6: Magical Unicorn Camp (7/14– 7/17)
AM or PM Week 3: Camp Kindness (6/16-6/19)	AM or PM Week 7: Mind Blowing Science (7/21– 7/24)
___ Week 4: Mario & Luigi (6/23-6/26)	___ Week 8 Summer Olympics (7/30-8-2)

Program Fees:

A deposit of \$25 must be included at the time of registration. This deposit will be credited on the **last camp week** your child is registered and attends. Balance payments must be received one week prior to the start of each week’s program. Refunds will not be granted after camps have begun.

Fees include all general camp activities, field trips, presentations, and food experiences.
Weeks 1 through 8 4 days (Tues. thru Friday) #. weeks: ___ x \$50/members \$55/non-mem = _____

Subtotal \$ _____
 Deposit \$ _____

Payment :

___ Cash/Money Order
 ___ Check No. _____ (Checks payable to: Children’s Museum of Central NE)

Date Registered : _____ Amount Paid at time of Registration \$ _____

PARENT/GUARDIAN WAIVERS

I, the undersigned, assume all risks and hazards incidental to participation, including transportation to and from these activities and do hereby, for myself, my child, my heir, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless the Children’s Museum of Central Nebraska and its representatives, sponsors, affiliated associations, organizers, officers, officials and participants for any and all damages suffered by myself or my child in connection with this activity.

Signature

(Participant/Parent/Guardian) _____

Date _____

I the undersigned give permission to the Children’s Museum of Central Nebraska to take photographs during program/activities and use those photographs in advertising or promoting Children’s Museum programs and activities.

Signature

(Participant/Parent/Guardian) _____

Date _____

I the undersigned give permission to the Children’s Museum of Central Nebraska to obtain and authorize medical care for said minor child at any hospital, emergency medical center, or any other health facility; by any medical doctor, osteopath, nurse, surgeon or any other medical practitioner. The undersigned further agrees to be responsible for the expenses of any medical care needed by the minor child, and hold the staff authorizing the medical care harmless from any damages suffered by the minor child or the undersigned as a result of the medical treatment .

authorized.

Signature

(Participant/Parent/Guardian) _____

Date _____

Does the child have any allergies, illness, condition or disability? Please list all here.
