

2021 Summertime Adventure Camps Registration Form

June 1ST through July 2ND

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

These fun days will begin Tuesday June 1st and run in weekly sessions through Friday July 2nd.
Camps will be held at area parks everyday in June while we continue to search for our new location!
 Children will explore science, art, cooking and nature through hands-on activities! Sign up for 1 or all 5 of the fun-filled learning weeks! **Week 1 & 3 PM sessions are for 7-10 yr olds.**
 Email dbosle@cmocn.org to enroll or message through our Facebook page.
 Camps fill up early and class size is limited so enroll your child early!! Camp forms will be uploaded on the website ASAP. www.cmocn.org

Children must be 3 by 6/1/21 and must be potty trained. **Afternoon sessions are being offered Weeks 1 & 3 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	
Contact	Relation	Home Phone	Work Phone	Cell Phone	Additional Emergency

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 PM sessions are for children ages 7-10 years old PLEASE CIRCLE AM OR PM

<input type="checkbox"/> AM or PM Week 1 THE HUNT IS ON (6/1-6/4) <input type="checkbox"/> AM Week 2: FUN IN THE SUN (6/8 – 6/11) <input type="checkbox"/> AM Week3: METAMORPHIC MAGIC (6/15-18)	<input type="checkbox"/> PM Week 3: CAMP TIE DYE (6/15-18) <input type="checkbox"/> AM Week 4: STORYBOOK COOKING (6/22-25) <input type="checkbox"/> AM CAMP RED, WHITE & BLUE (6/29-7/2)
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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 5 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 will not send my child to the Children’s Museum camp if he/she, or anyone in our family are exhibiting any of the following symptoms and will monitor each day before sending them to camp. If anyone in my family have been exposed to COVID 19 I will not send my child to CMCN Summer Camp until doctor released.

Fever (above 99.6)

Dry Cough

Loss of Sense of Taste/Smell

Shortness of breath

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.

