

# 2023 Summertime Adventure Camps Registration Form

## June 6th through July 28<sup>th</sup>

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! Camps are for 3-6 yr olds in the morning. **Children must be 3 and potty trained. NO CLASSES 4<sup>TH</sup> of July Week!** **This year weeks 2,4 & 6 PM sessions are being offered for children 7-11 yrs and will meet from 12:30-3pm!** **Weeks 1-7AM sessions are for 3-6 yr olds and meet from 9:00-11:30am.**

**Camper information:**

|                            |      |            |                        |                         |               |
|----------------------------|------|------------|------------------------|-------------------------|---------------|
| Child’s Name (First, Last) | Age  | Birth date | Boy<br>Gender (circle) | Girl<br>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 2,4 & 6 PM Sessions are for children ages 7-11 years old**

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|---|--|
| <input type="checkbox"/> Week 1: <b>Frozen Fever</b> (6/6-6/9)<br><input type="checkbox"/> Week 2: <b>AM STEM Stations</b> (6/13 – 6/16)<br><input type="checkbox"/> Week 2: <b>PM STEM Stations</b> (6/13-6/16)<br><input type="checkbox"/> Week 3: <b>Bloom &amp; Grow</b> (6/20-6/23)<br><input type="checkbox"/> Week 4: <b>AM Edible Science Yum</b> (6/27-6/30) | <input type="checkbox"/> Week 4: <b>AM Edible Science Yum</b> (6/27-6/30)<br><input type="checkbox"/> Week 5: <b>Super Hero Spectacular</b> (July 11-14)<br><input type="checkbox"/> Week 6: <b>AM Nature Art</b> (7/18– 7/21)<br><input type="checkbox"/> Week 6: <b>PM Melting Away Creations</b> (7/18-21)<br><input type="checkbox"/> Week 7 <b>Camp Shark DOO DOO DOO</b> (7/25-28) |
|---|--|

**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 7** 4 days (Tues. thru Friday) #. weeks: \_\_\_ x \$55/members \$60/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.**

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