



A registration form must be on file before your child can attend a camp session. It will be valid for the entire summer of 2017.  
Form may be returned to the museum in person, via mail, email ([bunger@fcmoD.org](mailto:bunger@fcmoD.org)) or filled out electronically at [www.fcmoD.org/summer](http://www.fcmoD.org/summer)

## Student Information

If all students have the same contact information, you may list them together in this form.  
If any allergies, medical conditions, or other comments are listed, please note to which student they apply.

Student's Name: \_\_\_\_\_ Age (by June 2017) \_\_\_\_\_

Parents/Guardian Name(s): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Other comments or information for Program Teacher (including any special learning or mobility needs):  
\_\_\_\_\_  
\_\_\_\_\_

## Contact Information

Please list the names and phone numbers of adults who we should contact, if any problems arise with your student during camp.

Primary Contact (Parent/Guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Contact (Parent/Guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## Alternative Departure

Please list anyone who you authorize to pick up your child(ren) in addition to the adult guardians listed above. All adults must present a photo ID at pick-up.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Photo Release and Waiver

### Photo Release:

I give my permission, for myself and/or my child to be photographed/videotaped during participation in the Fort Collins Museum of Discovery programs, camps or activities and for that photograph or video image to be used for the purpose of promoting Fort Collins Museum of Discovery (FCMoD) programs and events including, but not limited to, publication in brochures, newsletters, website, staff training, and grant projects. I understand that such photographs or videos remain the property of the Fort Collins Museum of Discovery.

Yes, I give my permission

No, I do not give my permission

### By signing below, you agree to the following:

On behalf of the above-named participant, I assume all risks of participating in this activity or event. I hereby waive, release, and discharge the Fort Collins Museum of Discovery (FCMoD) from any and all liability, including but not limited to personal injury, property damage, property theft, or actions of any kind which may hereafter occur to the above-named participant by participating in this program.

In the event of serious illness or injury, I hereby give permission to the FCMoD staff to secure emergency medical care for the above-named participant, and agree to pay for any incurred expenses. I give permission to the FCMoD staff to secure transportation (via ambulance) for the participant to the doctor or hospital and I release the FCMoD from responsibility in connection with such emergency medical attention.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_