



*A registration form must be on file before you can leave your child in the supervision of FCMoD staff.
It will be valid for 90 days from the date signed.*

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 date of program) _____

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 the program.

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: _____



Half-day camp sessions

Half-day camp sessions will run from 9:00am-12:00pm or 1:00pm-4:00pm (as indicated). Snack will be provided for students each day, but there will not be a lunch time during the camp.

Full-day camp sessions

Full-day camp sessions will run from 9:00am-4:00pm. Students should bring their own lunch. The museum will provide two snacks for students each day.

Dual Registration

If students are registered for a morning and afternoon half-day camp session in the same week, the museum will provide care from 12:00pm-1:00pm between the camp sessions at no additional charge. Students should bring their own lunch. The museum will provide two snacks for students each day.

Courtyard Camps

All courtyard camp sessions will run from 8:30am-12:30pm. Students should bring their own lunch. The museum will provide a snack for students each day.

As outlined above, FCMoD will provide prepared and packaged snacks from a licensed facility inspected annually by a governing public health agency, however we cannot guarantee that the food provided is free of allergens.

Child's Name: _____

Yes, provide my child with snacks

No, do not provide my child with snacks

Signature: _____ Date: _____