

MFMM SUMMER CAMP REGISTRATION

CAMPER INFORMATION (PLEASE COMPLETE ONE FORM FOR EACH CHILD ATTENDING CAMP.)

First Name: _____ Last Name: _____ Gender: _____

Birth Date: _____ Age: _____

Primary Address: _____

SESSION DATES:

June 12-15 Boat Builders

June 19-22 Turtle Tales

June 26-29 Archaeology Adventures

FAMILY/ GUARDIAN INFORMATION

Adult 1:

First Name: _____ Last Name: _____

Email: _____ Cell phone: _____

Adult 2:

First Name: _____ Last Name: _____

Email: _____ Cell phone: _____

ADULT EMERGENCY & AUTHORIZED CONTACT INFORMATION

A minimum of 2 other adult emergency contacts are required. Only the adults listed below & Parents/ Guardians listed above will be allowed to pick up camper.

Adult 1:

First Name: _____ Last Name: _____

Relationship to Camper: _____ Cell phone: _____

Adult 2:

First Name: _____ Last Name: _____

Relationship to Camper: _____ Cell phone: _____

WAIVERS, DISCLAIMERS & CONSENT

MEDICAL

Does Camper have medical conditions or special needs you would like us to know about:

- NO
- YES
 - Epi-pen
 - Allergies:
 - Daily Medications while at camp:
 - Other:

AUTHORIZATION FOR FIELD TRIPS

- I give permission to the staff of the MFMM and KWTM to take my child to off the MFMM and KWTM premises for the 2017 Day Camp program.
- I give the staff permission to take my child on trips to local beaches, parks, playgrounds, and swimming pools. I agree that my child may be transported to trip sites by Public Transit or by walking.
- I understand that my child will be escorted and supervised by MFMM staff in these activities.

AUTHORIZATION & CONSENT FOR CHILDREN WALKING HOME

- I DO give permission to have my child walk home by him/herself (if 10+ years of age).
- I DO NOT give permission for my child to walk home by him/herself.

PHOTOGRAPHY, MEDIA RELEASE & WAIVERS:

I hereby give MFMM and its partners and affiliates consent to use and reproduce my child's name/image for promotional purposes related to MFMM, its member clubs and/or external partners. My child's first name /image may be published or used in newspapers, promotional videos, television commercials, program brochures, posters, on World Wide Web or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by MFMM, its member Clubs, and/or external partners. I release MFMM and its agents from any and all claims, of any nature, based on any uses of the above.

I, the parent/guardian of the child named above give permission for my child to participate in the programs and services of the MFMM, and consent to any necessary first aid or emergency medical treatment being given or provided for the child, waive any claims against the MFMM, the sponsors of said programs, or any of the MFMM representatives, employees or volunteers, in respect to any personal injury to such child or to any other person or any loss of or damage to property, arising in any way at, from or in connection with the programs and services of the MFMM. I am providing this waiver on behalf of such child and on behalf of my spouse and any other family members or other persons who might be entitled to assert such a claim as well as on my own behalf.

Parent/Guardian Signature:

Date:
