

Child

First _____ Middle _____ Last _____ Gender: Male ___ Female ___
School Name _____ Grade _____ Birth date ____/____/____ Age (as of June 30, 2018) _____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____
Child lives with: _____
Person responsible for payment _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____
Primary Physician _____
Address _____
Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

| <u>Medical Problem</u> | <u>Required treatment</u> | <u>Should paramedic be called?</u> |
|------------------------|---------------------------|------------------------------------|
| _____ | _____ | Yes/No |
| _____ | _____ | Yes/No |
| _____ | _____ | Yes/No |

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?
Yes ___ No ___ If yes, explain: _____

Is your child allergic to any type of food or medication?
Yes ___ No ___ If yes, explain: _____

Does your child require a special diet?
Yes ___ No ___ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

| Listings by Numbers | Name | Phone # | Relationship to Child |
|---------------------|------|---------|-----------------------|
| Contact #1 | | | |
| Contact #2 | | | |
| Contact #3 | | | |

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the Gullah Museum of Hilton Head Island will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

TUITION INFORMATION Payee: _____ Grant: _____ Sponsorship: _____ Other: _____

Please circle how you heard about the Gullah Museum of Hilton Head Island Gullah Camp.

After School Program Website School _____ Word of Mouth Flyer Church/Other _____

My child will be attending the camp all 4 weekends _____, if not please indicated what session and date your child will be attending the camp: _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the Gullah Museum of Hilton Head Island Gullah Camp. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of the Gullah Museum of Hilton Head Island and its affiliates.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official Gullah Museum of Hilton Head Island Gullah Camp activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

The Gullah Museum of Hilton Head Island and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Camper Name: _____ **Gullah Museum of Hilton Head Island Registration Form** **Age:** _____

Printed Name of Parent/Guardian: _____