

**Colonial Living Camp Registration—Please fill out both sheets**

August 1-5, 2011 10:00 a.m. – 2:30 p.m.

Name \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

DOB \_\_\_\_\_ School \_\_\_\_\_ Grade Entering 9/10 \_\_\_\_\_

Allergies \_\_\_\_\_ Medication \_\_\_\_\_

**Emergency Contact Information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I authorize the following person(s) to pick up my child each afternoon (include your vehicle information also):

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ License #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ License #: \_\_\_\_\_

(If you wish to authorize additional people, provide the above information on a separate sheet.)

I hereby authorize and request the personnel in charge to secure and provide any emergency treatment that they deem necessary for my child. In case of a medical emergency, I understand that due effort will be made to contact a parent/guardian. In the event no one can be reached, I hereby give my permission to the physician(s) selected by the adults in charge to secure treatment for, hospitalize and/or order injection(s), anesthesia or surgery for my named child. I further give permission to the adult(s) in charge to escort my child on walks through the immediate neighborhood for the purpose of accessing all of the historic area facilities.

Signed \_\_\_\_\_ (parent/guardian) Date \_\_\_\_\_

For further information, please contact Ginger Agnew at (215)343-0965.

Mail registration and check **payable to The Friends of Graeme Park:**

Colonial Living Camp  
Graeme Park  
859 County Line Road  
Horsham, PA 19044  
(215) 343-0965

Individuals with disabilities who need special assistance or accommodation to attend this program should call (215) 343-0965 or TDD (800) 654-5984 in advance.

## **Release of Liability, Covenant Not to Sue, and Hold Harmless Agreement**

In consideration of my/my child being able to participate in the event specified below, I hereby for myself, my heirs, and their personal representatives assume any and all risks which might be associated with the event. I further waive, release, discharge and covenant not to sue the Friends of Graeme Park and the Pennsylvania Historical and Museum Commission, their officers, directors, employees, sponsors, organizers, volunteers, or any other representatives or their successors and assigns in connection with any and all injuries or damages of any kind whatsoever suffered as a result of taking part in the event and all related activities.

### **Colonial Adventure Camp – August 1-5, 2011**

Please Read Before Signing.

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Signature (Parent or Guardian if under 18)

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Printed Name and Date