

**Child’s Name: \_ D.O.B.**

**Allergies/ Medications/Diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Emergency Contact (1)

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

Emergency Contact (2)

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

Parent or Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL RELEASE:**

The undersigned (the participant) recognizes and acknowledges that participation at Creative Discovery Museum necessarily involves the risks of accident or personal injury. The participant consents to participation at Creative Discovery Museum and assumes all these risks in connection with the museum. According in consideration for the museum’s allowing the participant to participate at Creative Discovery Museum, the participant hereby releases the Creative Discovery Museum its officers, directors, employees, and agents, as well as other sponsoring entities and organizations, from any and all claims, causes of action, injuries, damages, and liabilities of any nature whatsoever arising out of or relating to participation at Creative Discovery Museum. The participant also authorizes Creative Discovery Museum, as well as other sponsoring entities and organizations, to take any measures or action on behalf of the participant, including medical and hospital treatment, deemed necessary by Creative Discovery Museum, or other sponsoring entity or organization, in connection with participation at Creative Discovery Museum or in connection with any accident or injury which may occur at Creative Discovery Museum. The minor’s undersigned parent or guardian hereby grants, on behalf of the minor, the release and medical authorization specified above.

You acknowledge and agree that you are voluntarily enrolling your child in Creative Discovery Museum’s Destination Discovery and that you assume the risk of possibly contracting COVID-19 or other illnesses by you and/or your child by doing so.

Furthermore, you acknowledge and agree that you are voluntarily waiving any claim of liability against Creative Discovery Museum should you or your child contract COVID-19 or another illness as a result of participating in our program.

Further, you expressly agree to hold the museum harmless should you or your child contract COVID-19 or any other illness as a result of your voluntary participation in Creative Discovery Museum Destination Discovery. .

**Parent’s/Guardian’s Initials: \_\_\_\_\_\_\_\_\_\_\_**

**PHOTO RELEASE:**

A minor, has my permission to be photographed by and/or interviewed by agents or representatives of Creative Discovery Museum.

I positively declare that I am either eighteen (18) years of age or older and the legal guardian of the minor child/children named above.

I also irrevocably consent to and authorize the Creative Discovery Museum to use my likeness and/or the likeness of the above mentioned minor in all print, electronic and video formats for any and all purposes pertaining to their marketing, advertising and public relations efforts, including but not limited to: television, web, newspaper, internally produced brochures and other marketing materials, annual reports, etc.

I consent to the above authorization without any compensation or consideration, and I consent to the use of said minor’s name in conjunction with any aforementioned photographs, recordings, or interviews. I agree that all photographs, recordings, or interviews shall constitute the sole property of Creative Discovery Museum. In consideration of the participation of the previously named minor in the activities described above, I irrevocably consent to all the foregoing on his or her behalf.

**Parent’s/Guardian’s Initials: \_\_\_\_\_\_\_\_\_\_\_**

**BEHAVIOR GUIDELINES:**

In order to provide a safe and enjoyable experience, Creative Discovery Museum has established the following behavior guidelines. This contract should be read and signed by both the parent/guardian and the student and returned prior to the first day of Destination.

Campers are expected to: *HAVE FUN!*

* Listen carefully and follow directions given by staff and volunteers.
* Stay with the group and museum staff/volunteers at all times.
* Treat both staff and other campers with respect. This includes keeping your hands to yourself, and listening when someone else is talking.
* Let a counselor know if there is a problem during camp. This way the counselor can help fix the problem.
* Clean up after activities or playing in the museum.

If behavior does not meet these expectations, the following actions may be taken:

1. Counselors will take the student aside to discuss the behavior.
2. If behavior is severe enough, parents may be notified.
3. Should behavior persist, conference may be requested.

I understand these rules and policies of Creative Discovery Museum and agree to abide by them during my time in camp. If I have questions about any of the expectations, I have asked an adult to call Creative Discovery Museum for an explanation.

Student’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent’s/Guardian’s Initials: \_\_\_\_\_\_\_\_\_\_**

**Transportation: People who can pick my child up**

**1) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:**

**2) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:**

**3) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:**

**Please help us understand your child ...**

* **Communication Skills:**

During transitions, it helps my child to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

These are some things I *don’t* like: Loud noises water sand other: \_\_\_\_\_\_\_

* **Behavior:**

When your child is unhappy, they might act like:

Suggestions of what you do at home when child is upset:

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:**  \_\_