



2009 Registration Form

School of the Sailor Summer Camp

General Information

Mother / Guardian Name: _____

Relationship to Child: _____

Father / Guardian Name: _____

Relationship to Child: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Cell: _____

E-mail address: _____

Child's Name: _____ Date of Birth: _____

Age: _____ Grade: _____ School: _____

How did you hear about School of the Sailor?

School Flyer Newspaper Word of Mouth Other: _____

Pick-Up & Drop-Off

Please list who has permission to drop off and pick up your child each day from School of the Sailor Summer Camp.

1. Name: _____

Relationship: _____ Phone: _____

2. Name: _____

Relationship: _____ Phone: _____

3. Name: _____

Relationship: _____ Phone: _____

I hereby give permission for the people listed above to pick up (child's name) _____
from the 2009 National Civil War Naval Museum School of the Sailor Summer Camp.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____



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Registration

All sessions are 9:00 a.m. to 3:30 p.m. Monday through Friday.

Session	Selection	Price
Session 1: June 15 to 26, 2009		\$280
Session 2: June 29 to July 10, 2009		\$280
Session 3: July 13 to 24, 2009		\$280
Total		

I want to be in the same group with my buddy (name): _____

(We will try to put you in the same group but can not guarantee we will be able to.)

T-Shirt Size: **Youth** YMedium YLarge **or Adult** ASmall AMedium ALarge AXLarge

Payment

Visa MasterCard Check Cash

If paying by check make check out to: Port Columbus List Memo as: School of the Sailor Summer Camp

Card #: _____ Expiration Date: _____ (3 or 4 Digit) Security Code: _____

Name on Card (print): _____ Signature: _____

Registration / Payment Options

Mail To:

Nicola Warren Sarn
 Director of Education/Programs
 National Civil War Naval Museum at Port Columbus
 1002 Victory Drive
 Columbus, GA 31901

If paying by credit card you may register by:

Fax: 706.324.7225
 Or
 Email: education@portcolumbus.org

For Staff Use

Date Paid: _____ Amount : _____ Staff Initials: _____ Permission Slip Signed: _____

Session Class Assignment: _____

Teacher: _____ Group Leader: _____



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Medical Information

Does your child have allergies, diabetes, or other medical conditions? Yes No

If so, please list them here: _____

Does your child wear glasses or contacts? Yes No _____

Can your child swim? Yes No

What type of swimmer are they? Strong Intermediate Beginner

Does the participant attend a public school? Yes No

If no, a copy of your child's immunization record must be on file before the start of the summer camp.

EMERGENCY CONTACT # 1

Emergency Contact Name: _____

Work/Home: _____ Cell: _____

E-mail: _____

EMERGENCY CONTACT # 2

Emergency Contact Name: _____

Work/Home: _____ Cell: _____

E-mail: _____



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Medical Information

Health Insurance Provider: _____

Policy #: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Is your child taking any medication? Yes No

If so, please list them here: _____

Do they need help administering them? Yes No

If yes please read and sign below.

I hereby authorize Port Columbus Personnel to administer to my child (name) _____ their prescription medicine. I understand that the staff can not administer prescription medicine unless medication is sent in a properly labeled container provided by the physician or pharmacy and accompanied by specific written authorization from the prescribing physician.

Parent/Guardian Signature: _____ Date: _____



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Parental Permission

I the legal guardian/parent (name) _____ hereby give consent for my child (name) _____ to participate in the School of the Sailor Summer Camp at The National Civil War Naval Museum at Port Columbus (Port Columbus) activities, snacks, field trips and special programs without restriction, unless I otherwise notify the Port Columbus, Director of Education in writing.

I agree to indemnify, protect and hold harmless Port Columbus, Columbus City Government, its officers, board members, agents, servants, volunteer, supervisors, employees and all other persons or organizations volunteering services without charge to supervise or chaperone the children who participate in this activity (collectively Port Columbus Personnel) from any claim or liability whatsoever, including, but not limited to personal injury, property damage, court costs, attorney's fees and interest, however caused, even if caused by the negligence of Port Columbus Personnel, as a result of my child's participation.

I understand that my child should arrive wearing sun block and proper attire to reduce the risk of injury. Children who arrive at camp in improper attire for the day will be sent home until the criteria is met. Proper attire is defined as: closed-toed shoes (no flip-flops allowed), shorts/pants, and the summer camp t-shirt and hat. I understand that my child and their clothes may become dirty and/or wet while at Summer Camp. They are recommended to bring an extra set of clothing each day to camp. Excessive moisture and dirt will be handled as best possible by Port Columbus Personnel but in some extreme cases my child may need to be sent home early from camp.

I understand photos may be taken of my child and used in future Museum publicity without compensation.

I hereby authorize Port Columbus Staff and Summer Camp teachers to treat minor scrapes and wounds with external antibiotic ointments and bandages and to administer Benadryl in the case of an allergic reaction. I also hereby authorize Port Columbus staff and Summer Camp teachers, according to their best judgment, to act for me in an emergency medical situation requiring medical treatment.

I agree that Port Columbus reserves the right to terminate the participation of my child in the program for failure to follow instructions and directions of the supervisors or chaperones, or for any conduct deemed by Port Columbus Personnel to be detrimental to or incompatible with the interest, harmony, comfort or welfare of the program. If the participation is terminated, no participation fees will be refunded.

There are no refunds or transfers on money paid if cancelations are made after May 1, 2009.

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____