

Health & Information: Participant

(Please print or type)

Instructions: Complete this form carefully and accurately. Be sure to attach all required additional forms (see instructions below).

KID Museum is committed to complying with the Americans with Disabilities Act (ADA). Please let us know if your child requires assistance to promote inclusion in our camp programs. If your child has a 504 plan or IEP at school or has other special needs, please contact KID Museum at (301-897-5437) to inform us and we will explore how we can best support your child in our camp.

Camp Name(s) _____ Dates & Time _____

Participant Information

Child's Name _____ Age _____ DOB _____ Male Female

Address _____ City _____ State _____ ZIP _____

Parent/Guardian Name _____ Parent/Guardian Name _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Day Phone _____ Day Phone _____

In case of emergency and a parent is not available, list two (2) emergency contacts. NOTE: Please remember to notify the persons you have listed as a contact.

Name _____ Phone _____

Name _____ Phone _____

Release Authorization

At the conclusion of the program day, I authorize the following people to pick up my child from the program *(List your name and any other individuals you authorize who are at least 16 years old)*

1. _____ 2. _____

3. _____ 4. _____

I understand that my child will only be released to the individuals listed above and that they will be expected to sign my child out each day and may be requested to show identification.

Signature _____

Date _____

Photo / Video Release

The participant consents to KID Museum's use of the participant's image and likeness as shown in any photographs, videotapes, motion picture film, or electronic images and any audio recordings made of the participant's voice in whatever way KID Museum desires, including television, print, and internet websites. Furthermore, the participant consents that such photographs, films, recordings, electronic images shall be the sole property of KID Museum. If the participant is a minor, the parent or guardian approves his or her participation in the program.

Yes No

Health Information

Doctor's Name _____ Phone _____

Are there any health problems, including physical, psychiatric, or behavioral problems of which we need to be aware?

No Yes *Please explain* _____

Are there any medications, dietary restrictions, allergies, or special needs of which we need to be aware?

No Yes *Please explain* _____

Immunization Information *(Please complete either section A or B)*

A. For campers who reside within the United States, a US territory, or the District of Columbia

1. State/territory in which child resides _____
2. Is the child up-to-date with immunizations? Yes No
3. Is the child exempt from any immunizations? Yes No *Please list* _____

B. For campers who reside outside the United States, a US territory, or the District of Columbia

1. Country in which child resides _____
2. Attach Department Form DHMH-896 (record of vaccination or immunity)

The participant assumes all risks associated with participation in the program; KID Museum assumes no liability for injury or damages arising from the participation in the program. Due to the strenuous nature of some activities, KID Museum encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. Neither the instructor nor any staff are responsible for children to or after scheduled program.

Signature _____ Date _____

All camp forms are due at KID Museum before the start of camp. Please scan and email the forms to camps@kid-museum.org or send them to: **KID Museum, c/o Maureen Lexner, 6400 Democracy Blvd, Bethesda, MD 20817.**