

Gloucester Museum School Application Summer 2010

Child's Name:		DOB:	
Address:		Age:	
City:		Grade (completed 6/10)	
State:	Zip:	School:	
Gender:	Eye Color:	Hair Color:	
Identifying Marks:			
Mother: occupation:		Father: occupation:	
Cell phone:		Cell phone:	
Work phone:		Work phone:	
Home phone:		Home phone:	
E-mail:		E-mail:	

In case of illness (when parents are unable to be reached) please notify:

1.Name	2.Name
Cell (phone)	Cell (phone)
Relationship with Camper	Relationship with Camper
Camp: <i>please circle one</i>	Session(s): <i>please circle choice</i>

Jr. Sea Camp

Adv. Sea Camp

**1. June 21-July 2
\$560**

**2. July 5 - 16
\$575**

**3. July 19 - 30
\$590**

**4. Aug.2 - 13
\$595**

Rock Climbing Camp

**Aug. 2 - 6
9 am - 3pm \$350**

**Aug 16 - 19
8:30 am - 4pm \$350**

The following **must** be submitted with this registration form in order for your child to be enrolled in the program:

§ **Check for \$250 (each session) made payable to GMS - cancellation policy -full refund minus processing fee of 25.00 by June 2, after: emergency exceptions.**

§ **The Medical Information form completed and signed by the parent or guardian (other side of this form).**

This form should be mailed to: **GMS. P.O. Box 6046 Gloucester MA 01930**

I understand that this application for camp does not constitute an agreement for camp attendance ** acceptance will be dependent upon space available for each age group in each session. A letter of acceptance will be sent along with camper forms and instructions prior to the start of camp.

Parent signature

Printed Name

I certify that I will supply GMS Project Adventure Summer Camp with documentation of physical examination & immunizations in accordance with public department requirements and failure to do so will result in my child not being able to attend camp.

Signature of Parent/Guardian (if participant is under 18) _____ Date _____

Participants 18 or older may sign this form on their own behalf.

P.O. Box 6046 Gloucester, Ma. 01930 -- phone: 978-283-5300

Gloucester Museum School Health History Summer 2010

Health Insurance Company:	Subscribers name:
Policy Number:	
Physician	Phone Number:
Dentist	Phone Number:

Allergies (list all and describe treatment) – include food, insect stings, hay fever, asthma, animal dander, etc.

Can Child participate fully in GMS Project Adventure Summer Camp activities: _____

Please explain any **no** answers. _____

Can child swim? _____ **Circle swimming level:** *float* *dogpaddle* *stroke*

We have a swimming requirement that needs to be met.

GENERAL QUESTIONS (explain yes answers below):

Has/does the participant:	YES	NO		YES	NO
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	5. Had any problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition? Including neurological disorders such as Autism, ADD, ADHA, ect..	<input type="checkbox"/>	<input type="checkbox"/>	6. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
3. Wear glasses, contact or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>	7. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have any skin problems (e.g., itching, rash, acne?)	<input type="checkbox"/>	<input type="checkbox"/>	8. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
			9. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any “yes” answer, noting the number of the questions. Please also note any additional information regarding medical, emotional or psychological care that would help the camp care for this child:

This health history is correct as far as I know and the person herein described has permission to engage in all camp activities except as noted. **Emergency Authorization:** I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for use out of camp. I will assume all financial responsibilities for emergency treatment for my child not covered by the camper medical insurance.

Signature of Parent/Guardian (if participant is under 18) _____ **Date** _____
Participants 18 or older may sign this form on their own behalf.

Release of Liability *I fully understand the potential risk involved in the Gloucester Museum School Project Adventure camp and hereby release the camp, its staff, Board of Directors and agents from liability should an accident, injury, or illness occurs, provided adequate safety precautions have been taken. In case of an emergency, I understand that every effort will be made to secure proper treatment and I give my permission for such treatment. I also understand that my personal health/accident insurance will provide adequate coverage for any accident, injury or illness that may occur. I also understand that the camp retains the right to use photographs of the campers taken at camp for publicity and advertising purposes unless I make written letter objecting such use. I, the undersigned, acknowledge that I have read foregoing, and are aware of the legal consequences in signing this document.*

Parent/Guardian Signature _____ **Date** _____