

Churchill County Museum

Education Department Registration Form



Participant: _____ Age: ____ Date of Birth: _____ Gender: M or F

School: _____ Grade: ____ CCMA Member (circle): Y (ID# _____) or N

Serious food or other allergy: (circle) Y or N If 'Yes', explain: _____

Uses EpiPen or similar device, uses a rescue inhaler, is diabetic, or suffers from other serious illness or disability that should be made known: (circle) Y or N **IF 'YES', INSTRUCTOR MUST BE NOTIFIED.**

Is participant allowed small food snacks or treats during event, activity, or class: (circle) Y or N

Parent's Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Telephone Number: (____) _____ Cell Phone Number: (____) _____

How did you hear about this activity? _____

In consideration of my child's participation in any program (i.e. event, activity, or class) offered by the Churchill County Museum, I, _____, as Parent/Legal Guardian do hereby give permission for my child, _____, to participate. I agree to hold the Churchill County Museum and all those instructors, assistants, and volunteers harmless and free from all liabilities or suits, claims, or demands of every kind and character arising out of and in connection with any program provided by Churchill County Museum. I acknowledge that a program includes physical activities that may carry with it the potential of minor injury, serious injury, and death. The risks include, but are not limited to, those caused by physical contact between participants, equipment, facilities, and terrain. I further certify that my child has no ailment or organic defect that would make participation in this activity dangerous to their health.

____ (initial) In case of an emergency, accident, or serious illness, I request that I or below be contacted if possible. If we cannot be reached within a very few minutes, I hereby authorize the Churchill County Museum Representative to make whatever arrangements deemed necessary for medical assistance. I agree to pay for such medical care.

____ (initial) Photo Release: I also understand that due to the nature of this program, I/my child may be included in photos or video that will be used for media information or advertising of future programs. I understand by signing this hold harmless agreement I authorize the use of any photos or video taken during this program.

____ (initial) I agree to pay a returned check fee of \$25.00 for each returned check/payment, which is returned unpaid, for any reason, by my bank or financial institution if applicable.

This document is valid from (Date) _____ to (Date) _____ (up to one year).

Parent/Legal Guardian Name Printed

Parent/Legal Guardian Signature

Date

In case of emergency, contact:

_____ Relationship: _____ Telephone: _____