

2009 Camp Registration Form

CHEYENNE FRONTIER DAYS™ Old West Museum

4610 North Carey Ave, Cheyenne, WY 82001, 307-778-7290, www.oldwestmuseum.org

Please enroll my child in the following camps: (½ fee refund with a 30 day cancellation notice. No refund for no shows)

COWBOY/COWGIRL CAMP	Dates: June 22-26	Ages: 5-12	Sack lunch required
WESTERN ART CAMP	Dates: Aug 3-7	Ages: 5-12	Sack lunch required
FOLK ART CAMP	Dates: Aug 10-14	Ages: 5-12	Sack lunch required

Fees (includes supply fee): Member: \$150 per child per camp Non Member: \$175 per child per camp

Yes! My Family Wants To Save On Museum Camps, Events And Visits! Sign Us Up For A Membership!

35.00 Individual Membership

55.00 Family Membership

Payment: Check Credit Card (if credit please check card type): MC Visa Discover

Card # _____ Expiration Date: _____ Name on Card: _____

Child's Name: _____
Last First Middle Initial Nickname Age

Mother Name: _____ Phone: (____) _____ Cell: (____) _____

Father Name: _____ Phone: (____) _____ Cell: (____) _____

Mailing Address: _____

Please try to place my child in the same group as their friend named: _____

TRANSPORTATION INFORMATION

The following person(s) will be dropping off and picking up my child(ren) from the 2009 camps:

Name: _____ Phone: (____) _____ Cell: (____) _____

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

Name: _____ Phone: (____) _____ Cell: (____) _____

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

HEALTH INFORMATION

Allergies: Yes No Explain: _____

Food Dislikes: Yes No Explain: _____

Illness/Condition: Yes No Explain: _____

Medications: Yes No Explain: _____

Fears/Extreme Dislikes: Yes No Explain: _____

Other Concerns: _____

CFD™ Old West Museum has my permission to use sunscreen on my child. Yes No

CFD™ Old West Museum has my permission to take my child to Lions Park for activities Yes No

CFD™ Old West Museum has my permission to photograph my child to document activities Yes No

CFD™ Old West Museum has my permission to use images of activities that include my child for publicizing the camps on the museum website, in newspapers, or television. Yes No

Parent Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION AND AUTHORIZATION OF MEDICAL TREATMENT

In the event of an emergency we will make every attempt contact you and contact persons you authorize.

Father's Name _____ Phone: (_____) _____ Cell: (_____) _____

Address: _____

Mother's Name: _____ Phone: (_____) _____ Cell: (_____) _____

Address (If different): _____

Other authorized person: _____ Phone: (_____) _____ Cell: (_____) _____

In the event of an emergency, the following has my permission to pick up my child(ren) without notice:

Name: _____ Phone: (_____) _____ Cell: (_____) _____

Address: _____ City: _____ State: _____ Zip _____

Name: _____ Phone: (_____) _____ Cell: (_____) _____

Address: _____ City: _____ State: _____ Zip _____

I, _____ hereby give permission to the CFD Old West Museum to obtain medical or surgical care from a health care facility, physicians, or dentists for my child, whose full name is _____, should the need arise. It is understood that a conscientious effort will be made to locate me before action will be taken. If this is not possible, treatment as deemed necessary by the physicians /dentists may be taken. I further consent to transportation of the above named child to the nearest or most appropriate medical facility by a museum staff member.

Childs Primary Doctor: _____ Phone: (_____) _____

Address: _____

Childs Primary Dentist: _____ Phone: (_____) _____

Address: _____

The medical insurance company that covers the above named child is:

Company Name: _____

Company Address: _____

Name of Policy Holder: _____ Policy Number: _____

I authorize the hospital and attending physicians to submit claims to the above named company and hereby assign benefits directly to this company. I understand that I am financially responsible to providers of service for charges not covered by any insurance payments.

PARENTAL RELEASE

In consideration of accepting my son'(s)/daughter'(s) registration for the CFD™ Old West Museum 2009 Summer Camps, the risks of which I am aware, I hereby waive, release, and discharge for myself, my family members, heirs, personal representatives and assigns any and all rights and claims for damages against the CFD™ Old West Museum, it's employees, volunteers, and agents which might occur during my son'(s)/daughter'(s) participation in such activity.

Signature of Parent/ Legal Guardian: _____ Date: _____

Signature of Witness: _____ Date: _____