2017 Summer Camps 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)

- WESTERN ART CAMP Ages: 5-14 Dates: June 19-23, 8:00am-5:00pm
- COWBOY COWGIRL CAMP Ages: 5-12 Dates: June 26-30, 8:00am-5:00pm

  Please note these are full day camps this year

  Snacks will be provided but the kids must bring their own sack lunch. We will have a pizza party on the last day of each camp.

Fees (includes supplies and a snack each day):

- Family Level Member: $130 per child per camp, Non Member: $160 per child per camp
  - * Does not include lunch

(Scholarships are available for those who qualify, please contact Megan Hesser, Arts & Education Coordinator, 778-7289)

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

_____ Family Membership $55.00

Child's Name: ____ ______ ______
Last First & Nickname T-Shirt Size Age

Western Art Camp______ Cowboy Cowgirl Camp______ Total $_______

List any allergies, illnesses, medications, fears: ____

Child's Name: ____ ______ ______
Last First & Nickname T-Shirt Size Age

Western Art Camp______ Cowboy Cowgirl Camp______ Total $_______

List any allergies, illnesses, medications, fears: ____

Child's Name: ____ ______ ______
Last First & Nickname T-Shirt Size Age

Western Art Camp______ Cowboy Cowgirl Camp______ Total $_______

List any allergies, illnesses, medications, fears: ____

Child's Name: ____ ______ ______
Last First & Nickname T-Shirt Size Age

Western Art Camp______ Cowboy Cowgirl Camp______ Total $_______

List any allergies, illnesses, medications, fears: ____

Total $_________

Please list any friends you children would like to be in a group with: _____
_____
_____
_____

Payment: Cash____ Check____ Credit Card: MC____ Visa____ Discover____ CCV:_____
Card #_____Expiration Date: _____ Name on Card: _____

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

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

Mailing Address:_____

Email Address:_____

TRANSPORTATION INFORMATION

The following person(s) will be dropping off and picking up my child(ren) from the 2017 camps:

Name: _____ Phone: (_____)_____Cell: (_____)_____

Address: _____City: _____ State: _____ Zip: _____

Name: _____ Phone: (_____)_____Cell: (_____)_____

Address: _____City: _____ State: _____ Zip: _____

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 2017 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.

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 take my child on offsite field trips _____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

Signature of Parent/ Legal Guardian: _____ Date: _____

Signature of Witness: _____ Date: _____