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—
THOMASVILLE
HISTORY CENTER

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—
Camp Dawson & Camp LPH
REGISTRATION FORM

Please complete this form and **return it to the Thomasville History Center**, 725 N. Dawson Street, Thomasville, Georgia 31792 as soon as possible.

Which camp(s)?: Camp Dawson Camp LPH Both

Camper Name: _____ Goes By: _____

Age: _____ Date of Birth: / / Grade in Fall School: _____

Home Address:

City _____ State _____ Zip _____

If possible, group with: _____ Are you a member? _____

Camp Dawson: Shirt Size: **Adult** S M L XL **Youth** S M L

Custodial parent/guardian [will be used as primary contact(s)]

Email:

Home # _____ Cell # _____ Business # _____

Business Name & Address

Street address, City, State, Zip

Second parent / guardian / emergency contact

(please circle one)

Home # _____ Cell # _____ Business # _____

Address

Street address, City, State, Zip

Business Name & Address

Street address, City, State, Zip

If above not available in an emergency, notify:

Name _____ Cell # _____ Relationship _____ Alternate # _____

Address

Street address, City, State, Zip

Authorized to pick-up:

1. _____ Relationship to Child: _____ #: _____

2. _____ Relationship to Child: _____ #: _____

3.

Relationship to Child:

#:

Physician

#:

Does your child have any condition (physical, emotional or cognitive) of which Camp staff should be aware?

Does your child require any medication that might need to be administered *during camp hours*? Please list medications and procedure.

Please keep in original packaging/bottle that identifies the prescribing physician (if prescription drug), the name of the medication, dosage, and frequency of administration • Please provide sufficient medications for entire camp session • All medications will be administered/stored by History Center Staff.

Allergy (List)	Reaction & Management
Food	
Medications	
Other (include insect stings, hay fever, asthma, animal dander, etc.)	

Photo Release

Thomasville History Center staff will take photographs and video of campers engaged in activities throughout the week. I hereby give permission to the Thomas County Historical Society, Inc. DBA Thomasville History Center to use photographs which include my child to publicize the Camp Dawson, Camp LPH, the Lapham-Patterson House, and/or or the Thomasville History Center.

Initial: _____

Field Trip Release

I hereby give permission for my child to participate in all planned excursions off the Thomasville History Center’s campus during Camp Dawson, June 3-7, 2019 and/or Camp LPH, June 18-20, 2019.

Initial: _____

Parents/Guardians will be provided with a complete list of field trips prior to the starts of Camp Dawson on June 3 and Camp LPH on June 18. Should there be any objection or scheduling conflicts at that time, please notify the History Center staff.

Medical Release

I hereby authorize the Thomas County Historical Society, Inc. DBA Thomasville History Center employees and/or camp staff to act in accordance to their best judgment in any emergency requiring medical attention for my child. Further, in the event of an illness or injury to my child, I give the attending physician permission to administer treatment while continuing to attempt to contact the parent, guardian or designated individuals listed on this sheet.

Initial: _____

License & Liability Insurance

I understand and have been advised that this program is not licensed by the Bright from the Start: Georgia Department of Early Care and Learning and is not required to be licensed. Bright from the Start does not regulate or routinely inspect this program. The Thomas County Historical Society, Inc. DBA Thomasville History Center carries Business Liability Coverage (bodily injury, property damage, personal and advertising injury). Proof of insurance may be shared upon request.

Initial: _____

Signature _____

Date _____