

NIGHT AT THE MUSEUM

Registration Form 2017

Child's Information

Child's Name: _____ Age: _____ M/F: _____

Child's Name: _____ Age: _____ M/F: _____

Child's Name: _____ Age: _____ M/F: _____

Contact's Information

Name of Guardian: _____

Home Phone: _____ Cell/Other Phone: _____

Emergency Contact(s)

Name: _____

Name: _____

Relationship to Child: _____

Relationship to Child: _____

Phone: _____

Phone: _____

Payment

\$8.00 (before tax)

Method of payment:

Cash Visa MasterCard Debit

Total \$ paid:

(Please see reverse side of this page)

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Health Form

Please list any medical information, special needs, or other concerns that Museum staff should be made aware of: (eg. allergies, injuries, chronic illnesses, etc...)

The Museum of Northern History takes all precautions to ensure the safety of your child, however, accidents can happen and it is the policy of the Museum of Northern History to notify a parent when a child is ill or in need of medical attention. Our primary concern in an emergency is to care for the child's needs, which may involve transporting them to the nearest emergency service location, an action for which we require parental permission.

We ask that you read and agree to the following: "I authorize the childcare provider/staff to obtain the following services for this child if necessary: Public Health Nurse, Physician and or Ambulance in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian). In addition, I hereby release the Museum of Northern History from any liability in the event of injury, accident, or illness to my child." I have read and understand the above information and agree to have my child participate.

(Date)

(Signature of parent/guardian)

RELEASE: "I hereby release the Corporation of the Town of Kirkland Lake and its representatives from all claims for damages arising from any injuries which are caused by or arise from participation of the applicant named herein, during any program or in any facility or at any location where a program is held."

"Unless participant or guardian so indicates, the Town of Kirkland Lake will assume permission is given for any pictures taken during any department program to be used to promote recreation."

Applicant's Signature: _____ **Date:** _____