

Explore Camp Participant Information 2020

Thank you for registering for the Creation Museum's 2020 *Explore Days Summer Camp*. Please fill out the information below and bring with you on the first day of camp.

Name of participant: _____

Age of participant (minimum age 9): _____

Grade of Child: _____

Parent/Guardian name: _____

Parent contact number: _____

Emergency contact name: _____ contact number: _____

Relationship to the participant: _____

Family Physician: _____ business phone: _____

Medical Insurance Company: _____

Medical Insurance ID number: _____

Please tell us about any health/medical needs that would allow us to best support your child, keep him/her safe and allow us to create an effective learning environment for everyone.

Is child in good health? _____

List any physical impairments (heart, epilepsy, diabetes, etc.): _____

Food allergies (leave blank if none): _____

My child's allergies can be life threatening **Yes / No** and require the use of an EpiPen **Yes / No**

List any medication the child will be bringing and administering to themselves such as epi-pen, inhaler, insulin, etc. (Explore Staff are not responsible for administering medications.)

Other medical, developmental, or learning concerns (dyslexia, ADHD, Autism, etc.):

Explore Days Authorization and Release

_____ I hereby authorize _____ (my child or ward, the “child”) to participate in the Creation Museum’s 2020 *Explore Days Summer Camp* program and in all activities involved with the class at the Answers in Genesis Creation Museum.

_____ I understand that my child or ward will be under the supervision and care of the Answers in Genesis Creation Museum staff.

_____ I understand that I must identify any behavioral and/or health concerns to the Answers in Genesis Creation Museum staff prior to the day of the program.

_____ I understand that there are risks associated with one’s participation in the class depended upon the program in which they are enrolled, including but not limited to risks of handling glass slides, exposure to microscopic organisms, preserved and living specimens, outdoor activities, handling of live animals, and potentially harmful materials, if improperly handled.

_____ I hereby release, and agree to indemnify and hold harmless, Answers in Genesis, and all its directors, officers, employees, agents and representatives from and against any and all liabilities, loss, or damage to persons or property which may occur in connection with the program, to the fullest extent permitted by law.

_____ I agree to assume all risks associated with my child’s participation in the program.

_____ I acknowledge that in connection with the child’s participation in the Creation Museum’s *Explore Days Summer Camp* program, the participants will be using equipment that must be handled with care, and that it is easily damaged and expensive to replace. The child will be so instructed.

_____ I acknowledge that I will be responsible for any loss or damage of equipment due to any improper use of the equipment by the child during his or her participation in the class, including responsibility for any replacement costs incurred as a result of any such misuse.

_____ I understand that students are not permitted to use cell phones during the class period, and I hereby authorize Answers in Genesis *Explore Days* staff to confiscate my child’s cell phone for the length of the class period and return it at the end of class.

_____ I give permission for my child to be photographed and/or videotaped for Answers in Genesis promotional purposes.

Printed name of participant

Signature of participant Date

Printed name of parent or guardian

Signature of parent/guardian Date