

TALLAHASSEE MUSEUM
DISCOVERY CAMP REGISTRATION FORM

Please use a separate form for each child. Contact the Museum Education at 575-8684 ext 126 for more information.
Please Print or Type

CHILD' NAME _____ AGE _____

BIRTH DATE _____ GRADE _____ MEMBER (circle one) Yes or No

MOTHER _____

MOTHER'S ADDRESS _____
STREET CITY STATE ZIP

MOTHER'S PHONE: HOME _____ WORK _____ CELL _____

MOTHER'S E-MAIL ADDRESS _____

FATHER _____

FATHER'S ADDRESS _____
STREET CITY STATE ZIP

FATHER'S PHONE: HOME _____ WORK _____ CELL _____

FATHER'S E-MAIL ADDRESS _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

PHONE: HOME _____ WORK _____ CELL _____

PHYSICIAN _____ PHONE _____

LIST ANY MEDICAL CONDITIONS, ALLERGIES, DISABILITIES, ETC. _____

LIST ANY MEDICATIONS YOUR CHILD IS TAKING _____

IMPORTANT! The following section must be filled out **IN FULL** for us to be able to process your request.
I, _____, hereby authorize my child, _____,
To participate in activities sponsored by the Tallahassee Museum which may include, but are not limited to,
field trips, tours, swimming and travel from the premises in Museum vehicles. In case of an accident requiring
medical treatment, I authorize treatment for my child as the attending medical personnel deem appropriate. I
also agree not to hold the Tallahassee Museum responsible for injuries suffered by my child during activities
sponsored by it.

Name (Print) Parent/Guardian signature Date

Registration continued on next page

PEOPLE APPROVED TO PICK UP CHILD:

Child will be released only to the custodial parent(s) or legal guardian(s) & the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

Name (Print)	Signature	Relationship
Work #	Home #	Cell #

Name (Print)	Signature	Relationship
Work #	Home #	Cell #

Name (Print)	Signature	Relationship
Work #	Home #	Cell #

Name (Print)	Signature	Relationship
Work #	Home #	Cell #

Camp Hours: 9:00 am to 4:30 pm

Extended Hours: 7:45 am to 5:45 pm

Camp Fee: \$25/child for members; \$30/child for nonmembers

Extended Hours Fee: \$8/child/day

CAMP	DATE	CAMP FEE	EXTENDED CARE FEE	TOTAL FEES	DATE PAID	CK #, CHG. OR CASH

TOTAL FEES DUE