

COLONIAL CHILD'S ADVENTURE CAMP Children Ages 8-12
REGISTRATION FORM with HEALTH & EMERGENCY INFORMATION
 NOAH WEBSTER HOUSE, 227 South Main Street, West Hartford, CT 06107
 Phone: 860-521-5362; Fax: 860-521-4036; email:education@noahwebsterhouse.org
 Please complete separate forms for each participant

PARTICIPANT'S NAME _____

Birth Date _____ Age _____ Male _____ Female _____ Entering Grade _____

SESSION DESIRED - CHECK BOX July 15-July 19, 2019 August 5-August 09, 2019

Price per session:\$255/members:\$280/non-members

Monday through Friday 8:30 a.m. to 4:00 p.m. extended hour stay is available for an additional \$40/week

Total Enclosed \$ _____ Make checks payable to the Noah Webster House

____ Visa ____ Master Card Credit Card Number: _____ Exp.Date: _____

PLEASE COMPLETE IN FULL:

Parent/Guardian (Please Print) FULL Name _____ Street _____ Town _____ State _____ Zip _____ Home # _____ Cell # _____ Work # _____ E-mail _____

Parent/Guardian (Please Print) FULL Name _____ Street _____ Town _____ State _____ Zip _____ Home # _____ Cell # _____ Work # _____ E-mail _____

Additional Emergency Contacts _____ Relationship _____

Home Phone # _____ Work Phone# _____ Cell Phone # _____

I realize that as with any physical activity there is a possible risk of accidental injury to me/my child while participating in the Colonial Child's Adventure Camp. I agree to assume the risk of any injury which my child might suffer while involved in the program and will not hold the Noah Webster House/Westmoor Park, or its instructors liable for any injury which my child may suffer while participating in the program.

Signature of Parent or Guardian: _____ Date _____

HEALTH AND EMERGENCY INFORMATION

*Has participant been prescribed an Epi-pen? NO _____ *YES _____ *(If yes, an Epi-pen form will be sent to you)

Please list and describe and known allergies, illnesses, physical limitations, special needs, health and behavioral concerns etc.

LIST MEDICATIONS _____

FAMILY DOCTOR'S NAME _____ PHONE # _____

Please read below and if you understand and agree to each statement *write your initials* in the space next to the paragraph _____
 In the event my child needs emergency hospital care and I cannot be reached, my hospital preference is _____.

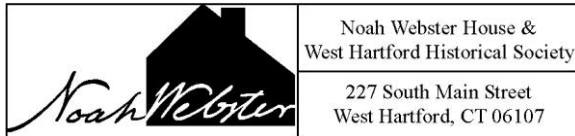
_____ However, if circumstances are such that it is deemed necessary to admit elsewhere, permission is hereby granted.

_____ In the event my child needs emergency medical care, I hereby give permission for the hospital to give such emergency treatment as is considered necessary or desirable by medical judgment, including administration of anesthesia.

_____ In the event my child needs to be transported by an ambulance, I give permission, at my expense, for transportation

_____ I agree to assume all medical expenses incurred by my child while participating in this program.

_____ I agree and consent to the use of any photographs taken during *Colonial Child's Camp* for advertising, public relations, and educational purposes only by the NWH & Westmoor Park. I agree to waive all compensation for such use.



Colonial Child's Adventure Summer Camp Information

Who may attend camp?

Colonial Kid's Adventure is for children ages 8-12.

When is camp held?

Colonial Kid's Adventure is offered in two, one-week sessions:

Session B: July 15-19

Session D: August 05-09

Camp begins at 8:30 a.m. and ends at 4 p.m. everyday, Monday through Friday. Extended hours are available until 5 p.m. everyday for an additional \$40 per week per child.

Where is camp held?

Camp is held in two different locations:

On Monday, Wednesday, and Friday, the camp will be held at the Noah Webster House, 227 South Main Street, West Hartford, 06107.

On Tuesday and Thursday sessions, the camp will be held at Westmoor Park, 119 Flagg Road, West Hartford, 06117.

How much does camp cost?

Including three lunches and all supplies, the fee for *Colonial Childs' Adventure* is \$280 per child (\$255 for members of the NWH).

Cancellation Policy

Written requests for refunds (minus a 10% processing fee) will be honored up to one week before the start of camp. After that time, no refunds will be given. Full refunds will be given if the session is cancelled due to under-enrollment.

Whom should I contact for more information?

Contact Beth Sweeney, Director of Education at (860) 521-5362, ext. 14 or via email at Sweeneyb@noahwebsterhouse.org.

About the Noah Webster House and West Hartford Historical Society:

The mission of the Noah Webster House & West Hartford Historical Society is to engage citizens by preserving literacy and sharing history, promoting literacy and advocating greater cultural understanding.