

EARLY AMERICAN ADVENTURE CAMP Children Ages 8-12
REGISTRATION FORM with HEALTH & EMERGENCY INFORMATION
NOAH WEBSTER HOUSE, 227 South Main Street, West Hartford, CT 06107
Phone: 860-502-3247 email: events@noahwebsterhouse.org
Please complete separate forms for each participant

PARTICIPANT'S NAME _____

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

Address _____

Parent Contact Email _____

SESSION DESIRED - CHECK BOX July 8-July 12, 2024 July 22-July 26, 2024

Price per session: \$275/members \$300/non-members

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

Payment can be made by credit card or by check. Credit Card payments are processed through our museum gift shop, The West Hartford Gift Shop. To pay by credit card, please visit:
www.westhartfordgiftshop.com/products/early-american-adventure-camp

For checks, please enclose check with this form or mail to NOAH WEBSTER HOUSE, 227 South Main Street, West Hartford, CT 06107.

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

I realize that, as with any physical activity, there is a possible risk of accidental injury to me/my child while participating in the Early American 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

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 Early American Adventure *Camp* for advertising, public relations, and educational purposes only by the NWH & Westmoor Park. I agree to waive all compensation for such use.



Early American Adventure Camp Information

Who may attend camp?

Early American Adventure Camp is for children ages 8-12.

When is camp held?

Early American Adventure Camp is offered in two, one-week sessions:

Session: July 8-12

Session: July 22-26

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 *Early American Adventure Camp* is \$300 per child (\$275 for members of the NWH).

Cancellation Policy

Written requests for refunds (minus a 20% processing fee) will be honored up to two weeks before the start of camp. After that time, no refunds will be given. Full refunds will be given if the session is cancelled.

Whom should I contact for more information?

Please call (860) 502-3247 or email events@noahwebsterhouse.org.

About the Noah Webster House and West Hartford Historical Society:

Our Mission

The mission of the Noah Webster House & West Hartford Historical Society is to preserve, interpret, and champion Noah Webster's legacy and birthplace, as well as the evolving history of West Hartford, the town that nurtured him.

WH Leisure Services Camp Emergency Form

To complete the enrollment process for your child you must complete this Camp Emergency Form or your child will not be allowed to attend.

Child's Name (Required): _____

Child's Date of Birth (mm/dd/yyyy) (Required): _____

1. Parent/Guardian name (Required): _____

Phone (Required): (_____) _____ - _____

2. Other than Parent/Guardian Name (Required): _____

Relationship to the child (Required): _____

Phone (Required): (_____) _____ - _____

3. OPTIONAL You may enter another emergency contact person's name (other than parent/guardian): _____

Relationship to the child: _____

Phone (Required): (_____) _____ - _____

Will your child carry an Epi-pen while at the program? Yes or No? (Required): _____

If Yes, you will need to complete another step. You will need to register your child in the Epi-Pen Completion Program. A doctor's note will need to be uploaded. Please reach out to the Noah Webster House for more information.

Does your child have any known allergies or have any known illnesses or limitations? Please list and describe. If none, enter NONE (Required):

List medications that will be or may be taken while in the program, including inhalers. If none, enter NONE (Required):

FIELD TRIPS: I hereby give permission for my child to go on the field trips scheduled for his/her particular camp program (if applicable): _____

The exact schedule will be provided to me at the beginning of the camp session. If I do not wish my child to attend the field trip, I understand that I will need to make other arrangements for my child that day (Required): Parent's initials _____

Signature (Required): _____

Date completed (mm/dd/yyyy) (Required): _____