

Hands on History
2012 Summer Day Camp

REGISTRATION FORM

PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: _____ **First Name:** _____

Gender: Female Male **Age:** _____ **Date of Birth** _____

T-Shirt Size _____ **School:** _____

Grade just attended 2011-2012: _____

Home address: _____

City: _____ **State:** _____ **Postal/Zip Code:** _____

Telephone() _____ **cell()** _____

Parent email address: _____



Please list any special needs: _____

Mother's name: _____ **Father's name:** _____

Mother's day phone: _____ **Father's day phone:** _____

Mother's cell: _____ **Father's cell:** _____

Emergency contact other than parent*: _____

Relationship: _____ **Phone:** _____

Lunch: Please be sure to send lunch each day with your child and that your child's lunch is clearly marked with his/her name and last name. Refrigerators will be available for your child to

store his/her lunch. (Please see Parent Checklist for other suggested items needed for day camp which you will receive after registration is accepted).

Payments: Camp fees may be paid by cash, check, Master card, Visa or Discover - No later than June 1, 2012.

Make the check payable to: **State of Missouri**

Weekly Camp Fees:

- Full Session (9AM-1PM Mon-Fri) \$100 (Lunch provided on Friday ONLY)
- Per day sessions \$25 (except Friday \$30)

My child will be attending:

- Full Session Mon-Fri. \$100
- Monday \$25
- Tuesday \$25
- Wednesday \$25
- Thursday \$25
- Friday \$30

Registration fee: \$20 includes camp T-shirt, Water bottle & Drawstring bags

Registration fee..\$ _____

Camp fees.....\$ _____

Total Paid.....\$ _____

I understand that the camp fees must be paid before camp begins. We do not provide refunds for any days missed for any reason.

DROP OFF AND PICK UP TIMES

Drop off time:

- 8:30AM for Extended session campers (additional \$2.00 per day per camper for early drop off)
- 9AM Full Session campers

Pick up time:

- 1:00PM for Full session campers
- A \$1 fee will be charged for every minute late after a 15 minute courtesy wait.

Contact Information

For more information, contact Victoria Love or Sue Love, Camp Directors at 636-940-3322 Emails: susan.p.love@dnr.mo.gov or Victoria.love@dnr.mo.gov

PARENT STATEMENT

I hereby state that (camper's name) _____ is in good mental and physical health condition to participate in the activities provided by **Hands on History Day Camp**, including but not limited to games, crafts and activities. I hereby release **Hands on History Day Camp, Missouri Department of Natural Resources, its employees and its staff** from liability to the above named participant arising from injury to the person or property of the above named participant occurring on the premises of **First Missouri State Capitol State Historic Site**, including any event sponsored or sanctioned by **Missouri State Parks**, and or travel to and from such activities.

I understand that **Hands on History Camp**, has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or during scheduled programming and that **Hands on History Camp**, has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature _____ Date _____

I give permission for my child to participate in the Hands on History Day Camp. I release and shall do indemnify, hold harmless and excuse the First Missouri State Capitol State Historic Site and the Missouri Department of Natural Resources, its agents, and employees from any and all expense, cost, charges, bills, claims, damages, lawsuits, and liability for bodily injury or property damage which may be suffered by participant or caused by the participant to any other person or entity during the course of the activity, or as a result of the activities related to the Hands on History Day Camp.

Parent's/Guardian's Signature _____

Date _____

