

**HERMANN-GRIMA/GALLIER HISTORIC HOUSES  
CAMP 2017  
REGISTRATION FORM**

Child's Name: \_\_\_\_\_

Age: \_\_\_\_ Birth Date: \_\_\_\_\_ Grade Level Completed: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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Pass the Time

**July 31 - August 4, 9 a.m. - 3 p.m.**

\_\_\_\_ Member \$225    \_\_\_\_ non-member \$250

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Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Explain any medical conditions of which we should be aware:

\_\_\_\_\_

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I, \_\_\_\_\_, hereby authorize my child, \_\_\_\_\_ to participate in camp activities sponsored by the Hermann-Grima/Gallier Historic Houses. In the case of an accident requiring immediate medical treatment, I hereby authorize the camp staff to authorize emergency medical treatment for the above named child, and I assume responsibility for all expenses incurred in the treatment of the above named child. I also agree not to hold the Hermann-Grima/Gallier Historic Houses responsible for injuries suffered by my child during activities sponsored by them.

Medical Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_