

Summer Courtyard Camp at HGGHH

Unlocking Summer fun with Hermann-Grima Gallier Historic Houses

Child's Name: _____

Age: _____ Birth Date: _____ Grade Level Completed: _____

Parent/ Guardian: _____ Email: _____

Address: _____

Home Phone: _____ Cell: _____

Emergency Contact (other than listed above): _____

Emergency Contact Cell: (____) _____ Emergency Contact Relationship: _____

How did you hear about this program? _____

Payment: Payment may be received by mail or with credit card information via email to education@hgggh.org or over the phone. If you have any questions about payment please call the education department at 504-274-0744.

_____ HGGHH Member \$225

_____ HGGHH Non- Member \$275

Please Select Camp Session:

Selection	Dates	Grade Level
	June 4 th – 8 ^h	3 rd – 5 th Grade
	June 11 th – 15 th	K – 2 nd Grade
	June 11 th – 15 th	6 th – 8 th Grade
	July 23 rd - 27 th	3 rd – 5 th Grade
	July 30 th – Aug 3 rd	K – 2 nd Grade
	July 30 th – Aug 3 rd	6 th – 8 th Grade

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The following questions will assist our staff in caring for your child and creating a positive experience. This information will be kept confidential and shared only with senior camp staff as necessary. We will make adaptations where needed to ensure that all campers have the best possible experience during camp, so we thank you for providing us with a clear picture of where your child is mentally, physically, and emotionally.

Does the camper have any medical issues of which camp staff should be aware?: _____

Does the camper have any allergies?: _____

Does the camper have any behavioral issues of which camp staff should be aware?: _____

Is the camper taking any routine medications during camp times? If so, what and when?: _____

By checking this box I do hereby consent and agree that the Hermann-Grima Gallier Historic House, its employees, agents, and partners have the right to capture photographs, videotape, or digital recordings of my child/tutor and to use these in any and all media, now or hereafter known, for the purpose of promoting the Hermann-Grima Gallier Historic Houses and its partners' programs.

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: _____