

### **Black Point Estate and Gardens Summer Camp 2023 Registration Form**

Guardian Name: \_\_\_\_\_

Camper Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Gender: \_\_\_\_\_

Camper Age (as of start of summer camp week): \_\_\_\_\_

Camper Grade (going into the next school year): \_\_\_\_\_

Guardian Phone number (best number to reach you during summer camp hours): \_\_\_\_\_

Guardian Email: \_\_\_\_\_

I hereby authorize my child to participate in all Wisconsin Historical Society's summer camp activities at Black Point Estate and Gardens. I agree to release and hold the Wisconsin Historical Society and the State of Wisconsin, including its employees, offices, agents, contractors, volunteers, or assigns, from any and all claim or liability, including personal injury or property damage, arising out of my child's participation in the camp.

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

Date: \_\_\_\_\_

### Camper Health History Form

List specific medical and food allergies, chronic illness, medication requirements, medical diagnosis, special ed. classifications or other conditions the staff should be aware of:

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Please describe any special care or precautions needed in case of an allergic reaction:

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Does your child have a history of any of the following:

- ☐ Asthma
- ☐ Heart Problems
- ☐ Seizures
- ☐ Physical, sensory, or cognitive disabilities
- ☐ Other Conditions (please describe):

In accordance with the Americans with Disabilities Acts, does registrant require any special accommodations or assistance for enjoyment of the program?    No    Yes

If yes, please describe: \_\_\_\_\_

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Please list any serious illness your child has had in the last six months: \_\_\_\_\_

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Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Does your child require medication while at camp?    Yes    No

Medication must be in its original container, labeled with the child's name; it will be kept in a secure storage area until it is administered.

If your child requires medication while at camp, please complete the following:

Condition requiring medication: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Instructions: \_\_\_\_\_

Does your child need help with the administration of this medication?    Yes    No

The information provided is correct. I hereby permit the staff of the Wisconsin Historical Society to administer to my child the medication (s) I have listed, in the dosage specified above. I will not hold Wisconsin Historical Society or its staff members accountable for any reaction my child may have to those medications.

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

Date: \_\_\_\_\_

## Emergency Contact Form

**Persons authorized to drop off and pick up camper:** *(Authorized persons must be present, government issued ID to pick up camper each day.)*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Emergency Contact Information

Contact name: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Contact name: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Preferred hospital: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**I affirm that I am the child's parent or legal guardian. In case of an accident that requires medical treatment. I authorize treatment as a medical professional deems necessary. I hereby give my consent for emergency medical treatment of my child in the event that I cannot be reached immediately. I understand that Wisconsin Historical Society, its employees, and volunteers disclaim any and all liability for loss or injury sustained by my child before, during, or after any session or activity.**

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

Date: \_\_\_\_\_

### Participation and Photo Release

**Please initial each box below and sign to confirm your agreement with the following:**

\_\_\_\_\_ I agree to provide a lunch for my child/ward each day they attend a Wisconsin Historical Society summer camp.

\_\_\_\_\_ I agree to send my child/ward to summer camp appropriately dressed for the weather and anticipated activities.

\_\_\_\_\_ I agree to send my child/ward to summer camp with necessary supplies including a reusable water bottle, sunscreen, and bug spray.

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

Date: \_\_\_\_\_

**Unless expressly choosing to opt out, I give permission to Wisconsin Historical Society to use and copyright any photographs, video recordings, audio recordings, and other images taken of my child, for any and all purposes, including promotional and advertising materials. I understand that I will receive no compensation for these images.**

\_\_\_\_\_ I am opting out of the photo release for my child/ward. Wisconsin Historical Society staff may take photos of my child during the course of normal summer camp activities, but these images may not be used or shared by the Wisconsin Historical Society.

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

Date: \_\_\_\_\_

## Summer Day Camp

### Code of Conduct

As a camper, I promise to:

- Show respect to other participants and treat them as well as I would like to be treated.
- Not bully or make any campers or camp staff feel unsafe at camp.
- Show respect to staff, and cooperate with their instructions.
- Not hit any campers or members of the camp staff.
- Not yell or scream inappropriate language at any campers or members of the camp staff.
- Know and follow all the rules of camp.
- Communicate any problems or issues at camp with my camp counselor or camp directors.
- Respect the rights and beliefs of others, and treat others with courtesy and consideration.
- Communicate in an appropriate manner, which means I must not use foul language or gestures, harsh words or tone of voice.
- Conduct myself responsibly. I understand that horseplay, unwelcome teasing or other unkind behaviors are not allowed.
- Not deliberately cause bodily harm to other participants or staff. I understand that pushing, kicking, hitting, or fighting are not acceptable and will not be tolerated.
- Use program equipment, supplies, and facilities properly.
- Respect the property of others.
- Be responsible for my actions and understand that irresponsible behavior will result in disciplinary actions.
- Follow any additional rules while in the museum exhibit spaces.

### Disciplinary Actions for Violations of the Code of Conduct

1. Verbal Warning/Talk with Camp Director (3 Times/3 Strikes)
2. Written apology to camp staff, and any campers that are involved with the code violation
3. Call to parents and put on a behavior contract
4. Suspension from the program
5. Termination from the program

I \_\_\_\_\_ have read and understand the camper code of conduct and agree to abide by its rules. I understand that breaking or violating any rules in this code will result in any of the penalties listed above.

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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