

WHS Summer Camp 2024 Registration Form

Black Point Estate and Gardens Arts and Crafts Camp (circle one)

3rd-5th grade Session I June 24-27 2024
6th-8th grade Session II July 15-18 2024
4th-7th grade Session III August 5-8 2024

Please fill out the following form with required information. If purchasing multiple campers for a camp, fill in Camper 2 and Camper 3 sections, otherwise leave blank. Please contact Black Point Estate Office with any questions at 262-248-1888

Parent/Guardian Name: _____

Camper Name: _____

Camper Gender: _____

Camper Age (as of start of summer camp week): _____

Camper Grade (going into the next school year): _____

Parent/Guardian Phone (best number to reach you during summer camp hours): _____

Parent/Guardian Email: _____

Camper 2 Name: _____

Camper 2 Gender: _____

Camper 2 Age (as of start of summer camp week): _____

Camper 2 Grade (going into the next school year): _____

Camper 3 Name: _____

Camper 3 Gender: _____

Camper 3 Age (as of start of summer camp week): _____

Camper 3 Grade (going into the next school year): _____

- I hereby authorize my child to participate in all Wisconsin Historical Society's summer camp activities. I understand that there is an inherent risk in participating in summer camp activities and visiting the Wisconsin Historical Society sites. I agree to release and hold the Wisconsin Historical Society and the State of Wisconsin including its employees, officers, 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

Child's First and Last name: _____

Parent/Guardian's First and Last name: _____

Does your child have any allergies?

- No
- Yes

If yes, please list any allergies your child may have (such as bee stings, certain foods, or medications, etc.)

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

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

- Asthma
- Heart Problems
- Seizures
- Physical, sensory, or cognitive disabilities
- Other conditions (Please describe): _____

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

Does your child require medication while at camp?

- No
- Yes

If yes:

Name of medication: _____

Dosage: _____

Instructions: _____

Does your child need help with the administration of this medication?

- No
- Yes

If yes, please list the name and daytime phone number for the parent/guardian that should be contacted for medication administration instructions.

Name: _____

Phone Number: _____

Medication must be in its original container, labeled with the child's name. Medications will be kept secure by a WHS staff member.

Are there any other health concerns not covered by the previous questions that WHS should be aware of?

By signing below, I hereby give my consent for Wisconsin Historical Society personnel to administer the medications listed above to my child. I understand that the medication must be in the original prescription package detailing instructions for medication administration including the child's name, drug dosage, time to be administered and physician name. In addition, I understand that any unused medication not picked up within 10 days after the end of the camp will be disposed of by Wisconsin Historical Society personnel, medication will not be sent home with the child and must be picked up by the parent or legal guardian. I agree to hold Wisconsin Historical Society and personnel harmless in any and all claims arising from the administration of the medications listed.

Parent/Guardian Signature: _____

Date: _____

Emergency Contact Form

Persons authorized to drop off and pick up camper

Authorized persons must present government issued ID to pick up camper each day. If the person filling out this form is a person authorized to pick up and drop off camper, their information must be included below. If the camper is 16 years of age or older and is authorized by their parent or guardian to arrive at or leave camp on their own, their information must be included below.

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Emergency contact information

Contact name: _____

Daytime phone number: _____

Relationship to camper: _____

Contact name: _____

Daytime phone number: _____

Relationship to camper: _____

Contact name: _____

Daytime phone number: _____

Relationship to camper: _____

Physician name: _____

Phone number: _____

Full address: _____

Preferred hospital:

Phone number:

Full address:

By signing below, I affirm that I am the child's parent or legal guardian. In case of an accident that requires medical treatment, I authorize any and all treatment that a medical professional deems necessary. In addition, I hereby give my consent for emergency medical care or treatment of my child in the event that I cannot be reached immediately. I agree to hold Wisconsin Historical Society, its employees, and volunteers harmless in any and all claims or 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

I hereby authorize my child to participate in all Wisconsin Historical Society's summer camp activities. I understand that there is an inherent risk in participating in summer camp activities and visiting the Wisconsin Historical Society sites. I agree to release and hold the Wisconsin Historical Society and the State of Wisconsin including its employees, officers, 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.

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

- I give Wisconsin Historical Society staff permission to transport my child using motorized and /or animal-powered vehicles. I understand that Wisconsin Historical Society staff will accompany campers at all times while being transported.
- I give Wisconsin Historical Society permission to allow my child to pet and/or handle farm animals under the direct supervision of trained interpretive staff or camp counselors.
- I agree to provide a lunch and snack for my child/ward each day they attend a Wisconsin Historical Society summer camp.
- I agree to allow my child/ward to consume food provided by the History Maker Space during the course of summer camp. Any food allergies must be indicated on the Health History section of this form.
- 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. 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: _____