



NATIONAL MUSEUM AND LIBRARY

17377 Stars & Stripes Way • Bloomfield, MO 63825

573-568-2055 • info@nssml.org • www.nssml.org

Journalism Summer Camp Registration Form

CHILD'S NAME: _____

CHILD'S AGE: _____ CHILD'S GRADE: _____

CHILD'S T-SHIRT SIZE: YOUTH SMALL YOUTH MEDIUM YOUTH LARGE YOUTH X-LARGE

ADULT SMALL ADULT MEDIUM ADULT LARGE ADULT X-LARGE

PARENT'S INFORMATION

PARENT(S) NAME(S): _____

ADDRESS: _____

CELL/HOME PHONE NUMBER: _____ WORK PHONE NUMBER _____

EMAIL ADDRESS: _____

EMERGENCY INFORMATION

EMERGENCY CONTACT (IN CASE PARENT CANNOT BE REACHED): _____

RELATIONSHIP TO CHILD _____

ADDRESS: _____

CELL/HOME PHONE NUMBER: _____ WORK PHONE NUMBER _____

DOES YOUR CHILD HAVE ANY DIETARY RESTRICTIONS, ALLERGIES, CHRONIC ILLNESS, OR MEDICAL CONDITIONS? IF YES, PLEASE DESCRIBE BELOW.

Journalism Summer Camp Parental Consent and Release for Liability

CHILD'S NAME: _____ CHILD'S DATE OF BIRTH: _____

INFORMED CONSENT AND ACKNOWLEDGEMENT

I hereby give my approval for my minor child's participation in any and all activities prepared by The National Stars and Stripes Museum and Library during this summer camp. I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless The National Stars and Stripes Museum and Library and all its respective representatives from any and all liability for injuries to said child arising out of participating in this summer camp.

MEDICAL RELEASE AND AUTHORIZATION

In the event of a medical emergency, I hereby authorize The National Stars and Stripes Museum and Library to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting my child by ambulance if necessary to the nearest medical treatment facility if I am unable to be reached first.

Permission is also granted to The National Stars and Stripes Museum and Library and its volunteers, employees, or other representatives to provide any needed emergency treatment prior to the child's admission to the medical facility.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

PHOTO AND MEDIA RELEASE

The National Stars and Stripes Museum and Library has my permission to use my child's photograph or other media images such as videos publically for promotion purposes. I understand that the images and videos may be used in print publications, online publications, presentations, The National Stars and Stripes Museum and Library website, and for social media purposes. I also understand and agree that no royalty, fee or other compensation shall become payable to me by reason of such use.

CONFIRMATION

I have read and understood the preceding parental consent and liability release form, and agree to all of its terms and conditions. If I am submitting an electronic signature, I acknowledge that the electronic signature will be equally as binding as an original manual paper signature.

PARENT(S) NAME(S): _____

SIGNATURE: _____ DATE: _____

REGISTRATION DEADLINE: JUNE 13, 2024