

Camper Name: _____

Date Submitted _____



Camp Discover Registration Form

One form per child

Child Information:

_____		_____
Full Name		Age
_____		_____
Preferred Name		DOB
_____	_____	_____
Gender	Grade Level	Child's Home Phone

Address		
_____	_____	_____
City	State	Zip Code

Parent/Guardian Information:

Parent/Guardian #1:

_____		_____
Full Name		Relationship to Child

Address		
_____	_____	_____
City	State	Zip Code
_____	_____	
Primary Number	Email	
_____	_____	
Work/Secondary Number	Occupation	

Parent/Guardian #2:

_____		_____
Full Name		Relationship to Child

Address		
_____	_____	_____
City	State	Zip Code
_____	_____	
Primary Number	Email	
_____	_____	
Work/Secondary Number	Occupation	

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Emergency Contact Information: Alternate Pickup/Release

#1:

_____ Full Name _____ Relationship to Child

_____ Primary Number _____ Alternate Number

#2:

_____ Full Name _____ Relationship to Child

_____ Primary Number _____ Alternate Number

Medical Information:

Please list any medical conditions, including and requiring maintenance medication (i.e. diabetic, asthma, seizures), allergies, special diet, etc.

Medical Condition/Allergy:

Required Treatment:

Should paramedic be called:

YES/NO
YES/NO
YES/NO

Any other information we should know:

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or beçong

Parent/Guardian Initials _____

I understand that the Kern County Museum Foundation or its Camp Discover will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent guardian.

Parent/Guardian Initials _____

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Camp Discover 2022 Campers Discipline Policy

Good manners and polite behavior by every camper will make our Summer Camp Discover a lot more fun!

- Camp Counselors will record positive and negative behavior of campers on a behavior chart.
- Bad behavior will be logged daily(time, day, child, action).

The following actions will require disciplinary action:

- Refusal to cooperate
- Yelling, non-participation, disrupting
- Intentional distractions of any kind

Automatic call to parents:

- Hitting
- Use of inappropriate language

Parent/Guardian Initials _____

The following are the responses to continued discipline problems:

- Two consecutive negative behavior in one day - Call to parent to notify
- Hitting/aggression/language - Call to parent to pick up (suspended for the day)
- Second call to parent within the week - Expelled from camp
-

Parent/Guardian Initials _____

I understand that if my child is expelled from camp, I will not receive a refund.

Parent/Guardian Initials _____

I have read and understand the Camp Discover 2022 Campers Discipline Policy.

Campers name (printed): _____

Parent/Guardian Signature: _____

Parent/Guardian (Printed): _____

Date: _____

Camper Name: _____

Date Submitted _____

Payment Information:

Camp: 7:30am - 11:45am

Members: \$110 per week

Non-Members: \$135 per week

Includes materials, one snack and special guests. Campers must bring their own water bottle, water will be provided for refills. Campers are encouraged to bring their own snacks. Campers must wear closed toe shoes.

\$10 off per additional sibling registered. Full payment must be made for reservation. No refunds. No pro-rating.

Cash and check are acceptable for payment. Please make checks payable to Kern County Museum. Visa, Master Card, and Discover are accepted.

Please pay at:

Kern County Museum Front Desk

3801 Chester Ave

Bakersfield, CA, 93301

Tuesday - Sunday

9:00am - 3:30pm

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the Kern County Museum Summer Camp. I understand the photos will be used for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Kern County Museum and its affiliates.

Parent/Guardian Initials _____

Parent/Legal Guardian Consent and Agreement for Emergencies

The Kern County Museum is not responsible for lost or damaged personal property. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. I give consent to Kern County Museum to administer basic first aid by facility-staff if needed. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician). I understand that I will be informed by phone of ALL injuries, illnesses, and issues. I understand my child can ONLY be picked up by the people I previously listed on this form. I agree that I alone can review and update this Emergency Contact Form whenever a change occurs. Children's photos and quotes may be used for publicity purposes. All scheduled events are subject to change.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Printed Name: _____

Drop off this form to Kern County Museum. For questions email to nancy@kerncountymuseum.org