



SUMMER CAMP 2010

AT THE MORRIS MUSEUM

Registration and Invoice

Parent Name:

Home Phone:

Cell Phone:

Email:

Child Name:

Child Age:

Week(s) Selected:

_____ Amazing Artists (July 19-23)

_____ Mad Scientists (July 26-30)

_____ History Buffs (August 2-6)

_____ Go Green! (August 9-13)

Cost:

Fee per week: \$225/members; \$250/non-members

Fee for four-week series: \$850/members; \$950/non-members

Number of weeks _____

\$_____ /week

Total Cost: _____

Please sign and return this form with appropriate payment to the Morris Museum (6 Normandy Heights Road, Morristown, NJ). Thank you.

Signature of Parent or Legal Guardian

Date



SUMMER CAMP 2010

AT THE MORRIS MUSEUM

Emergency Contacts and Health Information

Participant's Name

First Middle Last

Age Date of Birth

Address City State Zip

Parent/Guardian Name Cell Phone Work Phone Home Phone

Parent/Guardian Name Cell Phone Work Phone Home Phone

EMAIL ADDRESS: _____

Doctor's Name: _____ Phone: _____

Health Information: Provide information on all medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive:

Please list additional contacts in case of an emergency. For any child participants, the people listed below would also be authorized to pick the child up in case of an emergency.

Name Relationship

Address Phone Alt Phone

Name Relationship

Address Phone Alt Phone



SUMMER CAMP 2010

AT THE MORRIS MUSEUM

Informed Consent and Release of Liability

The following must be initialed by a parent/legal guardian in order to participate in Morris Museum Summer Camp

1. I certify that my child is able to participate fully in the program unless otherwise stated in writing to the MORRIS MUSEUM. In case of voluntary withdrawal, I understand that there will be no refund of fee for the period concerned.
(Please initial _____)
2. In consideration of being allowed to participate in the activities and programs of the MORRIS MUSEUM and to use the facilities and equipment of the MORRIS MUSEUM, I/We do hereby waive, release and forever discharge, and indemnify and hold harmless the MORRIS MUSEUM and its officers, agents, employees, representatives, and all others from any and all responsibility or liability for injuries or damages arising out of, resulting from or in connection with my/our use of the MORRIS MUSEUM's facilities and equipment or my/our participation in any MORRIS MUSEUM programs.
(Please initial _____)
3. As part of the MORRIS MUSEUM summer camp program, participants occasionally are photographed / videotaped and have work displayed by the MORRIS MUSEUM staff. If initialed, you hereby grant permission and approval that you or your child may be photographed or videotaped by MORRIS MUSEUM staff, and also that the participant's likeness, name, performance, artwork or written work may be used by the MORRIS MUSEUM in any MORRIS MUSEUM publications, materials, advertisements, website, and programs.
(Please initial _____)
4. By signing below, I authorize the MORRIS MUSEUM to provide medical care and seek advanced medical care for my child, should the need arise. I also authorize the MORRIS MUSEUM to transport my child for the purpose of providing medical care, if necessary, in the discretion of the MORRIS MUSEUM or medical personnel.
(Please initial _____)

Signature of Parent/Legal Guardian

Date