

Today's date _____

For museum use only: _____ of 30

Pirates!
Camp Dates:
June 26-30
July 24-28

The Summer History Camp is made possible by a grant from the Cumberland Community Foundation

Please print clearly so that your information is legible for museum staff to read.

Child's Name: _____ Dates Attending _____

Date of birth _____ Age: _____ Female: _____ Male: _____

Parent/Guardian's Name _____

Address: _____
(Street)

(City) (State) (Zip code)

Cell Phone: _____ Home Phone: _____ Work Phone: _____

In which high school district does the child live? _____

Emergency contact name: _____

Phone: _____ Relationship to child: _____

Read and sign below -- RELEASE FROM LIABILITY

I do hereby assume all the risks and hazards incidental to the conduct of the activities, and do further release, absolve, indemnify and hold harmless the Museum of the Cape Fear Historical Complex, Cumberland Community Foundation, and their successors, and any and all employees, of and from all manner of action and actions, cause or causes of action, suits, debts, and sums of money claims, and demands whatsoever, in law or equity, arising out of or pursuant to the conduct of the activities, or transportation to and from activities. I do further grant permission for my child to participate in all activities and do hereby release the Museum of the Cape Fear Historical Complex from any liability associated with any incident that may occur.

____ Yes, I give my permission for the museum to use photos of my child taken at summer camp.

____ No, I do not give my permission for the museum to use photos of my child taken at summer camp.

Signature of Parent or Guardian _____ Date _____

Email address _____

Please circle tee-shirt size:

Youth sizes: small medium large **Adult sizes:** small medium large

Make check payable to MCFHC Fdn., Inc.

FOR MUSEUM USE ONLY

• Check method of payment: _____ credit _____ cash _____ check# _____

• If the amount is paying for more than one camper, such as siblings or friends, please list the names of those covered by this payment: