



History Summer Camp Registration Form

Print and Fax Completed form to: (727) 823-7276 or Mail to: St. Petersburg Museum of History
335 Second Ave. NE, St. Petersburg, Fl 33701

(Please use a separate form for each child)

Child's Name: _____ Age: _____ Entering Grade: _____

Parent/Guardian's Name: _____

Address: _____ Email: _____

Street

City

Zip

Home phone: _____ Work _____ Cell _____

Emergency Contact: _____ Relationship to child _____ Phone _____

Please note if your child has allergies or taking medication that needs special attention: _____

I, _____ (Parent/Guardian Name), request that my child be allowed to participate in summer camp activities at the St. Petersburg Museum of History and in field trips to offsite locations. I agree to indemnify and hold harmless the St. Petersburg Museum of History and partner organizations from and against all liability or loss that the St. Petersburg Museum of History may sustain as a result of claims, demands, actions, liability, costs, attorney's fees or judgments arising or resulting from the child participating in the St. Petersburg Museum of History activities.

In the event that my child may require medical treatment for any reason while at the St. Petersburg Museum of History or on designated field trips I authorize the museums' employees to admit my child for treatment at any licensed medical facility. Museum employees are requested to arrange for transportation, at my expense, to the medical facility chosen to provide treatment and to administer first aid if deemed necessary. I expect to be contacted as soon as possible in the event of any injury requiring treatment. This release shall be binding on me, my legal representatives, heirs and assigns in perpetuity. I have read this release and understand it fully.

Signature of Parent/Guardian

Date

Media Release: I give the St. Petersburg Museum of History, its agents and the media permission to photograph and videotape me or my child while participating in the Museum's Education Programs. St. Petersburg Museum of History and the media may publish these photographs or air these videotapes. ____yes ____no

Become a Member! Members get discounted rates! Please attach membership form.

CAMP FEE

	For Members	For Non-members
One week enrollment	\$160 per child/week	\$175 per child/week
Two consecutive weeks	\$155 per child/week	\$165 per child/week
Siblings	\$155 per child/week	\$165 per child/week

BEFORE AND AFTER CARE FEE

Mornings (8 – 9 am)	\$15 per week
Afternoons (4 – 5:30 pm)	\$20 per week

Please encircle choice(s) and write:

	Camp Fee		Before/After Care Fee
1. It's a small world (Jun 4 - 8)	_____	+	_____ = _____
2. Mysterious Wonders (Jun 11 – 15)	_____	+	_____ = _____
3. Junior Detectives (Jun 18 – 22)	_____	+	_____ = _____
4. Flying is a lot of fun (Jun 25 –29)	_____	+	_____ = _____
5. Create World Wonders (Jul 9 – 13)	_____	+	_____ = _____
6. Caring for Our Planet Earth (Jul 16 – 20)	_____	+	_____ = _____
7. What they did for fun (Jul 23 – 27)	_____	+	_____ = _____

Membership Fee _____

YOUR TOTAL _____

Payment Enclosed _____ Check _____ Visa _____ MC _____ AMEX _____ Discover _____

Credit Card Number _____

Exp. Date _____

Name on card _____

Signature: _____

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Full payment is due at time of registration. To receive a full refund, cancellations must be made two weeks before the start date of camp. Full payment is necessary for before and after care. Children must bring lunch, snacks and drinks daily. No lunch will be provided or ordered.

