



# Camp Registration

Thank you for registering for Camp Wornall/Majors! If you are registering multiple children, you must fill out a full registration for each camper.

## Camper's Information

Camper's Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE** - Camp Wornall/Majors accepts children who have completed kindergarten through age 12. If your child is older than 12 and would like to participate, they can become a junior volunteer. Contact Volunteer Coordinator Lena White at [administrator@wornallmajors.org](mailto:administrator@wornallmajors.org) for more information.

## Select Your Camp Sessions

**Fees:** Camp is \$50/day, or \$225 if you register for an entire week of camp.

**Early Bird Discount:** Register by March 31, 2019 to receive an entire week of camp for \$200.

### Choose Your Sessions:

- Monday, June 10: Life on the Frontier**
- Tuesday, June 11: Toys & Games**
- Wednesday, June 12: Traveling Across the Wild West**
- Thursday, June 13: Arts & Crafts**
- Friday, June 14: The Civil War & Battle of Westport**
- Monday, July 15: Life on the Frontier**
- Tuesday, July 16: Communicating Across the West**
- Wednesday, July 17: Become a Junior Archaeologist**
- Thursday, July 18: Plants & Animals**
- Friday, July 19: The Life of a Soldier**

To pay via check, please mail your forms to: Wornall/Majors House Museums, 6115 Wornall Rd., Kansas City, MO 64113.

Full payment is due upon registration. If you need to spread out payments, please contact Sarah Bader-King at [programs@wornallmajors.org](mailto:programs@wornallmajors.org) to set up a payment plan.

### Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Second Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Emergency Contacts/Authorized Pickup

In case of emergency or illness, parents/guardians will be contacted in the order they are listed above. Please list any additional individuals below who should be contacted if parents/guardians are unavailable. These individuals should be over 18 and authorized to pick up your child.

Emergency Contact 1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

### Additional Authorized Pickup

Any individuals who are authorized to pick up your children but are not emergency contacts. These individuals can be under 18.

Authorized Pick Up 1: \_\_\_\_\_

Authorized Pick Up 2: \_\_\_\_\_

### Medical/Health Information

Name of Physician or Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is the camper up-to-date on all immunizations?  Yes  No

Date of last tetanus or diphtheria, tetanus, pertussis (DTaP) vaccine: \_\_\_\_/\_\_\_\_/\_\_\_\_

Does your child have any food, medication, or environmental allergies?  Yes  No  
Please list and describe any allergies, including if special accommodations are needed:

Does your child have any health or medical conditions we need to be aware of?  Yes  No  
If yes, please explain:

Does your child have any dietary restrictions, including those for medical, religious, or cultural reasons?  Yes  No  
If yes, please explain:

*We will do our best to avoid commonly allergenic foods for snacks. However, if your child has severe food allergies, please bring both morning and afternoon snack as well as lunch.*

### Statement of Understanding/Policy Review

- I have read and agree to Camp Wornall/Majors' General Information & Policies. (page 4)
- I have read and agree to the Release, Waiver, Idemnification and Assumption of Risk Agreement. (page 5)
- I authorize all medical and surgical treatment, x-ray, laboratory and other hospital/medical procedures as may be performed by the attending physician and/or paramedics for my child and waive my right to informed consent or treatment. *This waiver applies only in the event that neither parent nor guardian can be reached in case of emergency.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## General Information & Policies 2019

This page contains instructions and information necessary for camp.

**Camp Location:** Camp takes place at the following locations: The Alexander Majors House, located at 8201 State Line Rd., KCMO 64114 (June 10, 11, 12, 13 and July 15, 16, 17); and The John Wornall House, located at 6115 Wornall Rd., KCMO 64113 (June 14 and July 18, 19). All camps take place from 9AM-4PM.

**Late Fees:** If you are more than 10 minutes late picking up your child from camp without previous arrangements, you will be invoiced for a \$15 late fee.

### Your Child's Safety:

The physical and emotional safety of each camper is paramount. All camp personnel receive training and certification in first aid and complete a screening process. Wornall/Majors support an environment free of coercion or intimidation. To support this, our staff is trained to recognize and address these issues. We reserve the right to refuse enrollment or dismiss those who demonstrate disruptive/unsafe behavior without refund.

For your child's safety, children will only be allowed to be picked up by authorized individuals. You can designate these individuals in your enrollment form, or at any other time as long as the designation is made in writing or electronically from our email address on file.

### Our General Policies:

1) **Camp Requirements:** A minimum of eight (8) registered children are needed for each camp.

2) **Refunds:** Enrollment fees, minus a \$25 cancellation fee, are fully refundable until one month before session start date. After that date and until two weeks prior to camp start date, 50% of admission fees will be refunded. No refunds are made for cancellations made less than two weeks prior to camp start date. Refunds are not given for no-shows or absences or unresolved behavioral issues.

3) **Absences:** There are no make-up camps or refunds for student absence. We will work with you to transfer equivalent credit to other camp sessions in the 2019 session if possible.

**Please Note:** Parent agrees that if their child has any emotional or behavioral problems or learning disabilities, he or she will so inform the Museums prior to executing this Agreement.

**The Wornall/Majors House Museums****RELEASE, WAIVER, INDEMNIFICATION, AND ASSUMPTION OF RISK AGREEMENT**

This release, waiver, indemnification, and assumption of risk agreement (hereafter "Agreement") dated as of the date set forth below, is by and between the undersigned (hereafter "Parent") and The Wornall/Majors House Museums (hereafter "the Museums").

1. Parent is the parent or legal guardian (hereafter "Parent") of enrollee (hereafter "Student"), who intends to enroll or is enrolled as a student of The Wornall/Majors House Museums (the Museums).
2. Parent understands that Student will engage in educational and extracurricular activities while enrolled at the Museums, including vigorous physical indoor and outdoor activities and events. Parent further understands that there are hazards involved in Student's participation in such activities, including, but not limited to serious injury. Parent also understands that Student will be handling and using tools and materials such as scissors, hammers, awls and other items that could potentially cause bodily injury.
3. Parent desires to permit Student to engage in all activities provided or scheduled by the Museums with full knowledge of the inherent risks and dangers and the physical injuries that could result, and hereby agrees to assume the risk of any such injury.
4. The Museums assume no responsibility for damage to or loss of personal property of Student or Parent which may occur in connection with Student's enrollment at The Museums.
5. The Museums may take photos or video of Student for use in training and promotion, including but not limited to school flyers, newspaper advertisements, television and website use.
6. The Museums will not permit any student to participate in its classes or activities prior to the execution of this Agreement by Student's Parent or legal guardian.

**In consideration of Student's enrollment at the Museums and Student's ability to participate in classes and activities of the Museums, Parent represents and agrees as follows:**

1. Student has been examined by his/her physician not less than six (6) months prior to becoming a Student and, except as disclosed in writing to The Museums at the time of delivery, by attachment to this Agreement, to the Museums, Student has no health problems or conditions of any kind that limit his/her activities or diet, in any way.
2. Parent hereby releases, waives, discharges, and relinquishes any and all claims or causes of action of any kind on behalf of Student and Students' parents that could arise in connection with Student's enrollment at the Museums.
3. Parent for him/herself and on behalf of Student and all of Student's parents, and all of their respective heirs, agents, personal representatives and assigns, agrees that in the event any claim for personal injury, or property damage or loss arising from Student's enrollment at the Museums shall be prosecuted against the Museums, Parent shall indemnify and hold harmless the Museums from any and all such claims or causes of action by whomever or wherever made or presented.
4. As used herein, "the Museums" shall include the corporate entity, and all of its present and past officers, directors, employees, agents and assigns.
5. As used herein, "enrollment" at the Museums shall include participation in any and all activities conducted, offered or sponsored by the Museums, including on-site and off-site classes, programs, and activities.

**IT IS THE INTENTION OF PARENT BY SIGNING THIS AGREEMENT TO EXEMPT AND RELIEVE THE MUSEUMS FROM ANY LIABILITY FOR PERSONAL INJURY, THEFT, OR PROPERTY DAMAGE.**