



Museum of the Rockies
Summer Camp Registration Form

Camper's Name: _____ Grade (Fall 2012): _____ Male [] Female []

Parents' Names: _____ MOR Member? Yes [] No []

Address _____ City/State/Zip _____

Phone: (H) _____ (C) _____ (W) _____

Parent's email: _____

Please enroll my camper for the following MOR Summer Camps...

Table with 3 columns: Summer Camp Title and Age Group, Date(s), Fee. Includes a total amount row.

Emergency Contact Name (if parents cannot be reached): _____

Phone: (H) _____ (C) _____ (W) _____

Camper's Allergies: _____

Camper's Dietary Restrictions: _____

Medications that camper will need to take while at camp (attach a schedule of when taken):

Physical limitations _____

Any other needs: _____

Please return this Registration form with the MOR Camp Release Form and full payment to:
Summer Camp Registration
Museum of the Rockies
600 W. Kagy Blvd.
Bozeman, MT 59717
Please call 406.994.6618 with any questions.

Museum of the Rockies Camp Consent Form

I, _____, parent of _____, hereby agree to allow my child to participate in the Museum of the Rockies' Summer Camp Program. I understand and acknowledge that by allowing my child to participate in this activity, I will be responsible for damage to property of the Museum and private parties caused by my child, and for any injuries to my child or other parties, which may result from his/her participation in this activity.

The campers will walk or take public transportation to all camp events. I, _____, (parent's name) hereby give my permission for my child to walk or ride public transportation with camp personnel.

I, _____, (parent's name), give permission to the Museum of the Rockies' camp directors to take my child for emergency treatment if necessary.

Consent for Use of Name, Photograph, and Statement

For good and valuable consideration, receipt, and sufficiency of which is acknowledged, I grant to the Museum of the Rockies, and to other such persons as the Museum of the Rockies may designate from time to time, the absolute right and permission to use in perpetuity my child's name, image (on still and/or video footage), photograph, and any statement I may provide about the camp, either alone or accompanied by other material, in any manner, throughout the world, for the purpose of advertising, publicity, trade, or any other lawful purpose whatsoever, in any media now known or ever developed. Said statement may be reproduced and published in whole or in part and may be modified and adapted in any manner to facilitate its use in advertising and/or publicity, so long as the general sense of the statement is not changed. I warrant and represent that all of the facts contained in said statement accurately reflect my opinions and experience. I agree that I will not hold the Museum of the Rockies or anyone who receives permission from them, responsible for any liability resulting from use of my name, image, or photograph and my statement in the manner described above.

Child's Name _____ Date _____

Parent/Guardian Signature _____

Print Name _____

Address/City/State/Zip _____

Please return this MOR Camp Consent Form to:
Summer Camp Registration
Museum of the Rockies
600 W. Kagy Blvd.
Bozeman, MT 59717
Please call 406.994.6618 with any questions.