



CHILD'S NAME

PARENT'S NAME

PHONE NUMBERS

EMAIL ADDRESS *for reminders

SECOND PARENT'S NAME

SECOND PARENT'S PHONE NUMBERS

EMAIL ADDRESS *for reminders

INSTRUCTIONS:

Your child can sign up for as many classes as desired. If a class is full, your child may be placed on a waiting list should there be any cancellations. No payments are required for a name to be placed on a waiting list. You will be billed later.

If the 3 student minimum is not met for a class, you will receive a full refund. Payment is required at time of registration.

If a child withdraws from a prepaid class, the Museum must be notified at least 7 days prior to receive a full refund.

FOR MUSEUM STAFF ONLY

_____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

Total for this child: \$ _____

Membership: \$ _____

Total Amount Due: \$ _____

Payment Type (circle)

Cash

Check

Scholarship

Credit Card

Refund Due: \$ _____

Date Sent: _____

Additional Class _____

Amount Due: \$ _____

Additional Class _____

Amount Due: \$ _____

Additional Class _____

Amount Due: \$ _____

Additional Class _____

Amount Due: \$ _____

MUSEUM of the MISSISSIPPI DELTA SUMMER DISCOVERY 2019

Picture Release

I understand that as a Participant, I or my child may be photographed or videotaped during normal classes and event activities, and these photos/videos may be used in promotional materials, newsletters, on social media sites or on our website. I also understand that once my image is posted on the Museum of the Mississippi Delta's Web site, the image can be downloaded. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge the Museum of the Mississippi Delta, event sponsors and the Board of Directors of the Museum of the Mississippi Delta (Released Parties) from any and all claims, costs, demands, actions or causes of action, past, present or future arising out of any damage or injury in connection with my or my child's employment by or participation in this camp or event. For persons under the age of 18, the permission of a parent or guardian is required on this Photo Release Form. I hereby grant permission to the Museum of the Mississippi Delta to use the photograph of my child as outlined above.

NAME OF CHILD(REN) UNDER 18: _____

Special Instructions:

Please identify by first name only

Please do not put any pictures of my child on Facebook

Please do not identify by name

Signature of Parent/Guardian _____

Name of Parent/Guardian _____ Date _____

Medical Release

I, the undersigned, give permission for caring for the above named child(ren) to Synthia Hoover or Cheryl Thornhill (Museum of the Mississippi Delta Staff Members). I agree to indemnify the Released Parties for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself or by my child while participating in this event or while on property leased or owned by any of the Released Parties. I hereby authorize the person(s) named above to sign for medical treatment of my child(ren) between the following dates: July 9-25, 2019.

Insurer: _____ Number: _____

Primary Physician: _____ Phone Number: _____

Child's Name _____ Date of Birth: _____

Child is allergic to any medications: _____ () None

Child's Name _____ Date of Birth: _____

Child is allergic to any medications: _____ () None

Child's Name _____ Date of Birth: _____

Child is allergic to any medications: _____ () None

Signature of Parent/Guardian _____

Name of Parent/Guardian _____ Date _____