

**Registration for 2009 Summer History Camp at Ferry Plantation House
4136 Cheswick Lane, Virginia Beach, Va 23455
(757) 473-5182**

Legal Guardians Name _____

Relationship to Child _____

Legal Guardians Home Telephone Number _____

Work Number _____ Cell Phone # _____

Second Legal Guardians Name _____

Relationship to Child _____

Home Phone Number _____

Work Number _____ Cell # _____

Email _____

Location--i.e.: Home _____ Office _____ Other (specify) _____

CHILDS FULL NAME _____

Date of Birth _____ **Circle one ---Male Female**

School grade year in fall 2009 _____

ADDRESS _____

CITY _____

STATE _____ **ZIP** _____

Does your child have any known allergies? _____

Special Instructions? _____

Any Special needs? _____

Has your child been to any camp before? _____

MEDICAL INFORMATION

If you have no preference as to doctor or dentist, please check here _____.

Doctor's Name _____

Doctor's Phone Number _____

Dentist's Name _____

Dentist's Phone Number _____

DROP OFF AND PICK UP INFORMATION

If your child is to be released to NO ONE OTHER THAN YOU PERSONALLY PLEASE NOTE IT HERE _____.

- 1. Name of first person allowed to pick up your child from camp:

Home Phone # _____ Cell# _____

- 2. Name of Second person allowed to pick up your child from camp:

Home Phone # _____ Cell # _____

Child T-shirt size: please circle one

Extra small Small Medium Large Extra Large

*****HISTORY CAMP BEGINS AT 9:00 A.M. AND ENDS AT 3:30 P.M*****

**Please make any arrangements necessary to pick up your child promptly at 3:30.
If you have further questions please feel free to contact the following:**

Belinda Nash—Home 490-2504 or Ferry 473-5182

Email: director@ferryplantationhouse.hrcoxmail.com

Payments can be made to Ferry Plantation House by check or charge and are Tax Deductible. (Personal Checks must be received 10 days prior to the first day of camp.) Space is limited to 20 children per camp week.

Consent and Authorization for Minors

A. Consent for Medical Treatment

I authorize the camp staff, as my agent, to consent to such medical or dental examination and treatment as may be necessary for this child as a result of illness or injury occurring while he or she is participating in a camp activity. I further agree to assume responsibility for all expenses incurred as a result of such treatment, and shall indemnify FOFPH, Inc, the camp location staff and the site for any expense I might incur as a result of such illness or injury.

B. Consent to Photograph

When registering for summer camp, I as the parent or legal guardian of the minor child listed above, hereby authorize the camp session personnel to photograph my child. This photograph will be used within the camp program only. These same photos may be loaded on our web site or used in our newsletter. Please understand that children feel very left out when their pictures are not taken.

C. Publication Consent for FOFPH, Inc.

Periodically, Ferry Plantation House produces brochures, newsletters, web pages, media productions or newspaper articles. I hereby grant FOFPH, Inc. or their designated agent permission to use such images of my child in these promotional efforts. I understand that my child will never have biographical information revealed.

Please read, check and sign here for the following permission as stated above:

- A. Consent to Treat Medically: Agree _____ Do not agree _____
B. Photograph for within camp publication: Agree _____ Do not agree _____
C. Photograph to use for camp publications: Agree _____ Do not agree _____

Parent's signature _____ printed _____

Relationship to child _____ Date _____