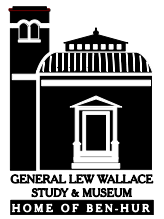


ARCHICAMP

PERMISSION AND REGISTRATION FORM



PARENT/GUARDIAN CONSENT FORM

Your son or daughter will be participating in ArchiCamp, June 18-19, 2024, 9:00 a.m. to 3:00 p.m., at the General Lew Wallace Study & Museum. He or she will be participating in various learning activities in the Museum and outside on the Museum grounds. He or she will always be chaperoned by several General Lew Wallace Study & Museum staff and/or volunteers. *For your child to participate, the registration fee of \$25.00 (check or money order) and this form must be filled out and returned to the Museum by June 7, 2024.*

PARTICIPANT'S SCHOOL _____

PERMISSION TO PARTICIPATE IN ARCHICAMP

My son/daughter, _____, may participate in ArchiCamp at the General Lew Wallace Study & Museum, June 18-19, 2024, 9:00 a.m. to 3:00 p.m. I or a designated guardian agree(s) to drop off my child at the Museum (200 Wallace Ave., Crawfordsville) at 9:00 a.m. and pick up my child at 3:00 p.m. both days.

SIGNATURE OF PARENT OR GUARDIAN

DATE

PARTICIPANT'S T-SHIRT SIZE _____ (indicate Youth or Adult size)

Each student will receive an ArchiCamp t-shirt with registration.

PHOTO/PUBLICITY RELEASE

I understand that ArchiCamp may attract attention from the media and is also used to promote programs at the General Lew Wallace Study & Museum. There is a possibility that children will be photographed during their experience. I grant permission to photograph my son/daughter, _____ for these promotional and educational purposes and to publish his or her name as a participant in the 2023 ArchiCamp.

SIGNATURE OF PARENT OR GUARDIAN

DATE

WAIVER OF LIABILITY

I now release the General Lew Wallace Study & Museum, as an agent of the Park & Recreation Department of the City of Crawfordsville, its employees, agents, and assigns from responsibility for any personal injuries and damages to property caused by or having any relation to this activity. I understand that this release applies to any present or future injuries and that it binds my heirs, executors and administrators. I have read this release and sign it voluntarily.

SIGNATURE OF PARENT OR GUARDIAN

DATE

AUTHORIZATION FOR MEDICAL TREATMENT

I grant permission for any medical care or treatment deemed necessary during the June 18-19, 2024 ArchiCamp. Should it be necessary for my child to have medical treatment while participating in ArchiCamp, I hereby give the General Lew Wallace Study & Museum staff and volunteers permission to use their best judgment in obtaining medical service for my child, and I give permission to the physician selected by the Museum to render whatever medical treatment he or she deems necessary and appropriate. Permission is also granted to release necessary emergency contact/medical history to the attending physician, or the workplace, if needed.

SIGNATURE OF PARENT OR GUARDIAN

DATE

MEDICAL INFORMATION

Name of child _____ DOB _____

Name of Parent/Guardian _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Emergency Contact Name _____

Phone _____ Cell Phone _____

Does your child have any special medical conditions we should know about? (asthma, allergies, convulsions, diabetes, heart condition, orthopedic problems, etc.) YES _____ NO _____

If YES, please describe: _____

Does your child take any medicines regularly? YES _____ NO _____

If YES, please list giving name of medication, dosage and times taken _____

Is your child allergic to any medications? (sulfa, penicillin, aspirin, etc.) _____

SEND THIS FORM ALONG WITH YOUR \$25 REGISTRATION FEE BY June 20 TO:

(Please make check to Lew Wallace Study Preservation Society)

General Lew Wallace Study and Museum

PO Box 662

Crawfordsville, IN 47933