



WASHITA BATTLEFIELD NATIONAL HISTORIC SITE
SUMMER CAMP REGISTRATION
AGES: 7-12

All Forms Must Be Received By Washita Battlefield NHS by July 8th

Camper Name: \_\_\_\_\_ M/F: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Camper's Age (as of 6/15/16): \_\_\_\_\_ Camper's Grade Fall 2016: \_\_\_\_\_
Parent/Guardian Full Name(s): \_\_\_\_\_
Address: \_\_\_\_\_
Telephone: H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_
E-mail address (please print clearly): \_\_\_\_\_

NOTE: you will receive registration confirmation via e-mail or by phone. Please note above if you would prefer to receive confirmation via post.

EMERGENCY CONTACT INFORMATION

Contact 1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_
Contact 2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

INDIVIDUALS OTHER THAN PARENT/GUARDIAN(S) AUTHORIZED TO PICK UP MY CHILD:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Release

- 1. Please list any allergies your child has to food, medications, insects, or other. Please include any dietary restrictions. If none, write none.
2. Please list any pre-existing medical conditions of your child. For example: asthma, hearing, ear infections, visions, fractures or sprains, diabetes, seizures, fainting spells, heart issues. If none, please write none.
3. Please list any regular medications taken by your child. If none, please write none. Note: Washita Battlefield National Historic Site staff is unable to dispense ANY medication due to our liability insurance.

Name of your health insurance provider: \_\_\_\_\_ (if none, please write none)
Policy Number: \_\_\_\_\_

Note: hospitals require insurance information for admission or emergency room treatment.

IMPORTANT-MUST BE COMPLETED FOR ATTENDANCE

The health history is accurate to the best of my knowledge and the child herein described has parental/guardian permission to engage in all camp activities. In the event of a serious accident or illness, I hereby authorize the Washita Battlefield National Historic Site staff to seek emergency medical care including transportation to a medical facility. I hereby authorize the physician and emergency room staff to administer care that is deemed necessary. I understand every effort will be made to contact family/guardians first.

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

PARENTAL RELEASE FORM:

Photocopies and facsimiles of this Release and Consent shall have the same legal effect as the original.

**PLEASE READ AND INITIAL THE FOLLOWING RELEASES:**

We, the parents or legal guardians of \_\_\_\_\_, a minor (the "child"), acknowledge the Child's intention to participate voluntarily in a program (the "Program") to be conducted at the Washita Battlefield National Historic Site. The program will utilize the Dust and Fire Trail, the Overlook and trail, personnel and, other facilities of the Site. We consent to the Child's participation in all activities of the Program which may include, athletic competition, hiking, climbing, and water play \_\_\_\_\_ **Initial**

**PARTICIPANT RELEASE:** In consideration of the Child being permitted to participate in all activities of the Program, we hereby release, save and hold harmless Washita Battlefield National Historic Site and other personnel from all liability, claims and causes of action, of any kind, for personal injury or damage to property arising out of the Child's participation in the Program which the Child, or we, may have, unless such injury or damages is result of gross negligence on the part of Washita Battlefield National Historic Site or any of its staff or personnel. \_\_\_\_\_ **Initial**

**EMERGENCY AUTHORIZATION:** In the event that the Child is injured while participating in the Program, we hereby consent to his or her treatment by any physician, dentist or health facility in the event of a medical emergency. We hereby authorize a representative of Washita Battlefield National Historic Site to consent on our behalf to any emergency medical or dental treatment to be rendered to the Child and grant Washita Battlefield National Historic Site full authority to take whatever actions they may consider warranted under the circumstances regarding the Child's health and safety. Washita Battlefield National Historic Site will make reasonable attempts to contact us in advance of such emergency treatment, provided medical circumstances permit. We understand that we will be financially responsible for the costs of any such medical treatment. \_\_\_\_\_ **Initial**

**PARENT AUTHORIZATION:** I hereby declare my child to be physically sound, having medical approval to participate in the activities of Washita Battlefield National Historic Site. This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. I further understand that neither Washita Battlefield National Historic Site nor any of its paid staff or volunteers can be held responsible in the event of an accident. I also certify that my child is amenable to discipline and free from habits or attitudes which would make him/her an undesirable participant. \_\_\_\_\_ **Initial**

**PHOTOGRAPH/VIDEO AUTHORIZATION:** Washita Battlefield National Historic Site has my permission to use photographs/videos of my child in any promotional material. \_\_\_\_\_ **Initial**

**Parent/Guardian Signature**

**Printed Name**

**Date**

\_\_\_\_\_

**PLEASE RETURN ALL COMPLETED FORMS BY MAIL OR IN PERSON TO:**

**Washita Battlefield National Historic Site  
18555 HWY 47A Suite A  
Cheyenne,OK 73628**

**Questions?**

Call Barbara Ford at Washita Battlefield National Historic Site (580-497-2742 X 3013). You can also e-mail: Barbara\_d\_Ford@nps.gov, or visit our website: [www.nps.gov/waba](http://www.nps.gov/waba)

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmed By: \_\_\_\_\_ Date: \_\_\_\_\_

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