

# HULL LIFESAVING MUSEUM

## Summer Adventure 2019 Registration

**CHILD INFORMATION:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**ADDITIONAL CHILDREN:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please check the weeks each child will attend:

| Check Here | Dates            | Theme                     | Member Fee | Nonmember Fee |
|------------|------------------|---------------------------|------------|---------------|
|            | July 9-11        | Shipwrecks and Lifesavers | \$90.00    | \$110.00      |
|            | July 16-18       | 375 years of Hull         | \$90.00    | \$110.00      |
|            | July 23-25       | Tide Pool Adventures I    | \$90.00    | \$110.00      |
|            | July 30-August 1 | Pond Yachts               | \$100.00   | \$120.00      |
|            | August 6-8       | Tide Pool Adventures II   | \$90.00    | \$110.00      |
|            | August 13-15     | Pirate Adventures         | \$90.00    | \$110.00      |
|            |                  |                           |            |               |
|            |                  | Total                     |            |               |

**\*We offer a 10% discount for siblings and active military families, Scholarships also available.**

**PARENT/GUARDIAN INFORMATION:**

Parent/Guardian 1: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (Other than parent/guardian):**

In Case of Emergency Please Contact: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**MEDICAL INFORMATION:**

**\*If registering more than one child please list medical issues individually.**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Issues: \_\_\_\_\_

Medications: \_\_\_\_\_

**PERMISSIONS:**

The Hull Lifesaving Museum, its directors, officers, employees and volunteers are not responsible for any and all claims that may arise from or result in any expenses, personal injury, loss or damages incurred by participants in the Summer Adventure program.

I **GIVE** or **DO NOT GIVE** (please circle one) permission for the Hull Lifesaving Museum to take photos of my child for public relations purposes, i.e. newsletters, website, social media, and the like.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT INFORMATION:**

Check enclosed                                      Check amount: \$ \_\_\_\_\_

Credit Card      MasterCard      Visa

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_