



# Buxton Heritage Camp 2013

**As the parent/legal guardian, I give permission for my child/children to attend the Buxton Museum Heritage Camp 2013 and participate in the activities provided by the camp leaders for the following week/s:**

(Please circle weeks attending)

**WEEK 1: August 5<sup>th</sup> - 9<sup>th</sup>**

**WEEK 2: August 12<sup>th</sup> - 16<sup>th</sup>**

Guardian Name:	
Street Address:	
City:	Postal:
Email:	Home Phone:
Work Phone:	Cell Phone:

**Camper Information:**

Camper #1:	Health Card #:
Allergies:	

Camper #2:	Health Card #:
Allergies:	

Camper #3:	Health Card #:
Allergies:	

Camper #4:	Health Card #:
Allergies:	

**Emergency Contact Information:**

NAME	PHONE #	CELL PHONE #
1.		
2.		
3.		

**Lunch will NOT be provided. Please assure lunch is packed for camper(s) through out the week/s.**

**I understand that photographs may be taken of the heritage camp participants for museum promotional use and I give permission for my child/children to be photographed.**

\_\_\_\_\_ Guardian Signature