



Buxton Heritage Camp 2017

As the parent/legal guardian, I give permission for my child/children to attend the Buxton Museum Heritage Camp 2017 and take part in the lessons and activities provided by the camp leader for the following week: (Circle One)

July 24th - July 28th (Ages 8-12) OR August 7th - August 11th (Ages 4-7)

Name of Parent/Guardian:	
Street Address:	
City:	Postal Code:
Email:	Home Phone:
Work Phone:	Cell Phone:

Camper Information:

Camper #1:
Health Card Number:
Allergies:

Camper #2
Health card Number:
Allergies:

Camper #3
Health Card Number:
Allergies:

Camper #4
Health Card Number:
Allergies:

Emergency Contacts:

Name:	Phone Number:	Cell Phone Number:

Lunch will NOT be provided. Please assure lunches are packed for camper(s) throughout the week. 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.

Signature

