



**ADVENTURES IN EXPLORATION  
REGISTRATION FORM 2010**

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Child's Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip

Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Circle One: MALE FEMALE

Parent/Guardian First Name: \_\_\_\_\_ Parent/Guardian Last Name: \_\_\_\_\_

Parent/Guardian Home Phone: (\_\_\_\_) \_\_\_\_\_ Parent/Guardian Cell Number: (\_\_\_\_) \_\_\_\_\_

Please check the box next to the camp your child will be attending.

Session 1			
Horse Camp	June 7-11	8:30-10:30am	<input type="checkbox"/>
Mad Science Camp	June 7-11	1-4pm	<input type="checkbox"/>
Gymnastics Camp	June 14-18	10am-noon	<input type="checkbox"/>
Ceramics Camp	June 14-18	1-3pm	<input type="checkbox"/>
Tennis Camp	June 21-25	9-11:30am	<input type="checkbox"/>
Acting Out Camp	June 21-25	10am-noon	<input type="checkbox"/>
Golf Camp	June 21-25	10am-noon	<input type="checkbox"/>
Acting Out Camp	June 21-25	1-5pm	<input type="checkbox"/>
Horse Camp	June 28-Jul 2	8:30-10:30am	<input type="checkbox"/>
Art Crafty Camp	June 28-Jul 2	9-11am	<input type="checkbox"/>
Mad Science Camp	June 28-Jul 2	1-4pm	<input type="checkbox"/>

Session 2			
Triathlon Training Camp	July 6-9	8:30-10am	<input type="checkbox"/>
Horse Camp	July 12-16	8:30-10:30am	<input type="checkbox"/>
Mad Science Camp	July 12-16	1-4pm	<input type="checkbox"/>
Photography Camp	July 19-23	9-11am	<input type="checkbox"/>
Golf Camp	July 19-23	10am-noon	<input type="checkbox"/>
Around the World in a Week	July 19-23	1-3pm	<input type="checkbox"/>
Gymnastics Camp	July 26-30	10am-noon	<input type="checkbox"/>
Ceramics Camp	July 26-30	1-3pm	<input type="checkbox"/>

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Consent for Medical Treatment**

*As the parent or legal guardian of the above named person, I hereby give consent for the emergency medical care as prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RELEASE OF LIABILITY**

*In consideration of acceptance of the program, I hereby waive any and all claims for myself and my heirs against the City of Siloam Springs or any of its affiliates, agents, servants, officers, and employees, for injury or illness which may directly or indirectly result from my or my child's participation. I further agree to save and hold said parties harmless and agree to indemnify each of said parties or property, which, may arise by virtue of the undersigned engaging in the program.*

Signature of Parent/Guardian \_\_\_\_\_

**OFFICE USE ONLY**

Date: \_\_\_\_\_

Receipt No: \_\_\_\_\_

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

Check No: \_\_\_\_\_