

Camp Information and Permission Release Statement

At Camp Imagination, your little learners imagine, discover, and connect to the world around them. With imaginative weekly themes, there is a camp for every kid! Register your kids to play with purpose and embrace curiosity this Summer!



Drop-off 8:30-9am | Pick-up 4:30-5pm | Ages 5-10-years-old

Camper Information:

First Name: _____ Last Name: _____ Preferred Name: _____
Gender: _____ Age: _____ Date of Birth: _____
School Name: _____ Grade: _____

Parent/Guardian Information:

First & Last Name: _____ Relation to Camper: _____
Address: _____
City: _____ State: _____ Zip code: _____
Home Phone #: _____ Work Phone #: _____
Cell Phone #: _____ Email: _____
2nd Parent/Guardian Name: _____ Phone #: _____
Parent/Guardian Signature: _____ Date: _____
Non-parent Emergency Contact: _____ Phone #: _____
Relationship to camper: _____

Carpool Information

Others authorize to pick up child:

Name #1: _____ Phone #1: _____
Name #2: _____ Phone #2: _____
Name #3: _____ Phone #3: _____

Medical Information

Does your child have any special needs? _____

Please list any allergies: _____

Permission Release Statement

I have read the descriptions of the camp(s) and find them acceptable to my child's participation in all activities, including field trips. I recognize the educational benefits of this program to my child and acknowledge that it is completely voluntary. I acknowledge the inherent risks that may result from my child's participations, including falls, fractures, contraction of infectious diseases, misbehavior of other children, etc., all of which may result in injury or death to my child or damage his/her/our property. I hereby assume these risks, including those caused by simple negligence of the Glazer Children's Museum, and release Glazer Children's Museum and its officers, employees, and representatives from all claims held by me, my spouse and my child arising from my child's attendance and participation at the camp. I further agree to indemnify and hold harmless the Glazer Children's Museum and its officers, employees, and representatives from any injuries, liabilities, claims, damages and expenses, including attorney fees, incurred by the Glazer Children's Museum, me, my child or on behalf of my child, arising from my child's attendance and participation in the camp, with the exception of gross negligence or reckless misconduct of the Glazer Children's Museum and its officers, employees, or representatives. I certify that my camper's medical information is complete and accurate to the best of my knowledge. I give permission of a Glazer Children's Museum staff member to seek emergency care for my child in my absence. I hereby release the Glazer Children's Museum and its officers, employees, and representatives from any and all liability associated with the emergency care provided to my child. I understand Glazer Children's Museum may photograph my child during the camp. Registration grants permission to use photos in Glazer publications and approved media sources unless I request otherwise in writing. I HAVE READ THIS PERMISSION RELEASE STATEMENT, FULLY UNDERSTAND ITS TERMS, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME, AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I UNDERSTAND THAT IF I DO NOT SIGN THIS, MY CAMPER WILL NOT BE ALLOWED TO ATTEND CAMP IMAGINATION AT THE GLAZER CHILDREN'S MUSEUM.

Parent/Guardian Signature: _____