**Summer Camp Registration Forms**

Thank you for choosing SDMRM's 2019 Summer Camps!

In this document, you will find the official registration paperwork. We will need to receive all completed forms back and signed in order to finalize the registration process. If you enroll your child in the full day camp, additional fieldtrip permission slips will also need to be completed.

You may scan the forms and email them to the address below. Alternately, you may drop them off in-person, or mail them.

If mailing the address is:

Attn: Education – Summer Camp

San Diego Model Railroad Museum

1649 El Prado #4

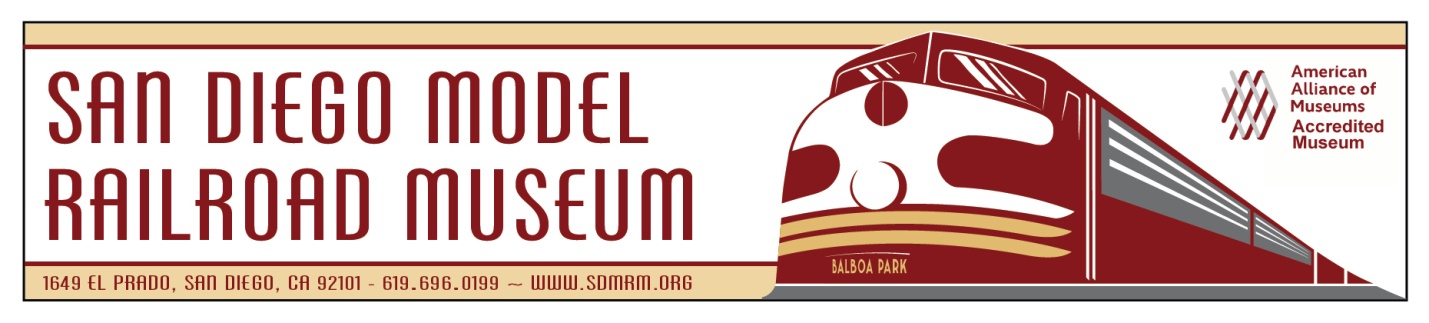
San Diego CA 92101

Email:education@sdmrm.org

If you have any questions at all, please do not hesitate to ask.

\*Please note: Summer Camp spots fill quickly. Please return all registration paperwork as quickly as possible to ensure a spot in the camp.\*

Important: If full-day camps and half day 5th through 8th grade camps do not fill to 60% capacity, camp will be cancelled.



2019 Summer Camp Registration Form

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Time** | **Campers** | **Terms** |
| June 17 – June 21 | 9am-12pm | 2nd– 4th Grade | Child must be entering 2nd grade. |
| June 24 – June 28 | 9am-12pm | 5th– 8th Grade | Child must be entering 5th grade. |
| July 8 – July 12 | 9am-3pm | 5th-8th Grade | Child must be entering 5th grade. |
| July 22 – July 26 | 9am-3pm | 5th-9th Grade | Child can be entering 9th grade. |
| July 29 – August 2 | 9am-12pm | 2nd-4th Grade | Child must be entering 2nd grade. |

|  |
| --- |
| Camps include train themed lessons and activities, a camp t-shirt, behind the scenes tours of the museum, and field trips. |

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Summer Camp Fees:**

Half-Day Member: $180

Half-Day Non-Member: $195

Full Day Member: $310

Full Day Non-Member: $325

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Campers Name** | **Grade** | **T-Shirt Size** | **Special Needs**  **(Allergies or Health Concerns)** | **Date of Camp** | **Fee** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

American Express / MasterCard / Visa #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp Date:­­\_\_\_\_\_\_\_\_\_\_

Total to be Charged: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Add all campers and membership fees)

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

**Please Submit this Registration to:**

**San Diego Model Railroad Museum ~ 1649 El Prado, Suite 4 ~ San Diego, CA 92101**

**Phone: 619.696.0199 x1608 or email the registration to** [**evega@sdmrm.org**](mailto:evega@dmrm.org)

**RELEASE AND WAIVER OF LIABILITY**

**FOR A MINOR CHILD**

This Release and Waiver of Liability (“Release”) is executed in favor of The San Diego Model Railroad Museum, a not-for-profit California corporation, its directors, officers, employees, agents, and volunteers (collectively, “SDMRM”).

The Minor and Parent freely, voluntarily, and without duress execute this Release under the following terms:

1. **Assumption of Risk.** The Minor and Parent understand that SDMRM’s activities may be hazardous to the Minor. Risks include, but are not limited to, potential personal injury or death resulting from dance activities, falls, and other mishaps; potential property loss or damage resulting from theft, misplacement, negligent care, or deliberate vandalism; potential actions and/or crimes committed by third parties on or around the SDMRM property; and other potential risks unforeseeable at this time (collectively, “Risks”). The Minor and Parent personally assume all Risks incident to any activities sponsored by SDMRM.
2. **Release and Waiver of Liability.** Minor and Parent agree to release and hold harmless SDMRM, its successors and assigns, from liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise from or in connection with Minor’s participation in activities sponsored by SDMRM. By signing this document, Minor and Parent discharge SDMRM from any liability or claim that Minor or Parent may have with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Minor’s participation in SDMRM. All of the terms above shall apply whether or not the bodily injury, personal injury, illness, death, or property damage is caused by the alleged negligence, or any acts or omissions of SDMRM.
3. **Medical Treatment and Insurance.**  The Minor and Parent understand that SDMRM is not responsible for providing health, medical, dental, or disability insurance coverage for any participant. The Minor is expected and encouraged to have medical or health insurance coverage in effect at all times. Minor and Parent authorize SDMRM to make medical or dental treatment decisions for the Minor if needed. Minor and Parent release SDMRM from liability for death or injury which results or increases by any action taken to medically treat the Minor.

I have carefully read this document, fully understand its contents, and sign it voluntarily. I state that I am the parent or legal guardian of the above Minor and that I am competent to sign this document. This document shall bind both parents of the Minor, as well as all guardians, heirs, executors, administrators, and personal representatives.

**Name of Minor Child**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Parent or Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent or Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

SAN DIEGO MODEL RAILROAD MUSEUM

INFORMATION AND RELEASE FORM

**FULL NAME OF CAMPER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION/RELEASE:**

I hereby give my permission to the San Diego Model Railroad Museum Education Department and its agents to secure emergency medical treatment at the nearest medical facility for my minor child while under the care and supervision of agents of the San Diego Model Railroad Museum, if it becomes necessary. The information below may assist us in case of a health emergency.

1. Does your child have any special needs that we should be aware of, and/or conditions such as, but not limited to, hearing loss, diabetes, asthma, epilepsy, or limited vision? Does she/he require treatment or medication that would make it difficult for her/him to participate in class activities? If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List all medications your child is currently taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your child have any known allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Medical Insurance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Policy No.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to allow the San Diego Model Railroad staff to provide basic first aid to my child in the event of an accident or emergency without transferring any legal medical liability to the museum and its staff.

Parent’s/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best number to reach parent/guardian in case of an emergency:

Home Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ext. \_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHOTO / VIDEO RELEASE**

As the parent/guardian of this child, I grant permission for my daughter/son to be photographed or filmed during San Diego Model Railroad Museum activities for promotion or education purposes.

( ) Yes ( ) No

Release Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PICK UP INSTRUCTIONS**

\_\_\_\_\_ My child will be picked up at the museum by parent/guardian

\_\_\_\_\_ I give permission for my child to be released to someone other than parent/guardian (Please provide the information below)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ext. \_\_\_\_\_\_\_

Release Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ My child will be participating in the Balboa Park Camp Collaborative and will be attending an afternoon camp at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. *(Please write the name of the Balboa Park institution)*

\*Children attending afternoon camp will only be released to a chaperone from the afternoon camp institution.

I have thoroughly read the entire information and release form. If I have any further questions or comments, I am aware that I can reach the Education Programs Manager at (619) 696-0199 x1608

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

**SUMMER CAMP BEHAVIOR AGREEMENT**

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Our mission at the San Diego Model Railroad Museum Summer Camp is to educate youth about all subjects pertaining to model railroading and trains. In order to achieve this, our campers have a responsibility to follow rules set forth by their camp supervisor. These rules are set in place to ensure the safety of all parties, and to allow all individuals involved in any capacity with summer camp to learn and enjoy themselves.

The following is a list of rules and expectations that outline optimum behaviors while at the museum:

**RULES**

Rule #1 Walk when in the museum.

Rule #2 Use indoor voices.

Rule #3 Respect others (that means keep your hands to yourself, be aware of other’s personal space, actively listen to others, be mindful of what others are saying.)

Rule #4 Respect the museum and everything in it.

**EXPECTATIONS**

* Participate in all activities.
* Get along with others.
* Have fun.

**CONSEQUENCES** *(not necessarily in order of severity)*

1. Verbal Warning
2. Take responsibility and fix it (apologize, restore something, etc.)
3. Daily behavior report noting both positive and negative behaviors to keep parents informed and motivate child to make positive choices
4. Call to parent to discuss issue(s), while child present to participate in the discussion
5. Parent will pick up if child is harming himself or others (We do NOT want to go here, and this will be used as a very extreme resort). \*No refund will be given for any lost time.

( ) I agree to follow all summer camp rules at the San Diego Model Railroad Museum

Parent Signature

Child Signature (child may print)

**We hope your child is excited to participate in SDMRM’s Half Day Summer Camp…**

*Just a few notes to keep you updated:*

1. **Drop off for camp begins at 9 a.m**, we do not offer before or after care. All campers must be picked up no later than 12:00 p.m. unless they are going to an afternoon camp. Afternoon campers will be escorted to meet their next camp counselor at the Spreckels Organ Pavilion. If there is an emergency, which causes a child to be picked up late, please call However, you can best reach Julia McMeans (Director of Education) at 858-500-2523 or Eddie Vega (Summer Camp Manager) at 619-770-8491. If you are late picking up your child, an additional fee of $5 will be accrued after 10 minutes, and $1 every minute thereafter.
2. **Drop-off and pick-up will be at the museum’s back entrance** (next to the Centennial Railway Garden, accessible on the backside of Casa de Balboa). You can park along the curb and the camp director will be present to escort the child. From Park Boulevard, turn west onto Space Theatre Way (the street directly behind the Reuben H. Fleet Science Center). Follow Space Theatre Way all the way west until you reach a dead end. The building on the north side of this lot is the Casa de Balboa building. The SD Model Railroad Museum has a back door located here, which is labeled. A staff member holding a large sign will be stationed at this door to greet incoming campers and check them in as well as check them out at the end of the day.
3. During check-in and check-out, you will need to **bring a photo I.D.** with you. Only individuals listed on the registration paperwork will be allowed to have campers released into their care. In the event there is a nanny or other individual dropping off or picking up campers, the museum must be notified 24 hours in advance and have proper information documented.
4. Campers will take a **15 minute snack break** every day. Because of various food allergies, all campers must bring their own snacks that do not require refrigeration. Proteins and carbohydrates work well together to provide ample energy for the duration of daily sessions.
5. Campers will receive their camp T-shirt on the first day of camp and are encouraged to wear their t-shirts for the entire week of camp.
6. Campers participating in **camp at another museum in Balboa Park on the same day** will be escorted to one of the leaders at his or her second camp by 12:30p.m. If your child is participating in a half-day camp at another institution in the park, please let me know as soon as possible so that we can ensure a safe arrival.

We hope your child is excited to participate in SDMRM’s 5th- 9th Grade Full Day Summer Camp…

*Just a few notes to keep you updated:*

1. Your camp begins at 9 a.m. All campers must be picked up at 3pm. If there is an emergency which causes you to be late in picking up your child, please call Julia McMeans (Director of Education) at 858-500-2523 or Eddie Vega (Summer Camp Manager) at 619-770-8491.
2. **Drop-off and pick-up occurs at the museum’s back entrance** (next to the new Centennial Railway Garden). From Park Boulevard, turn west onto Space Theatre Way (the street directly behind the Reuben H. Fleet Science Center). Follow Space Theatre Way all the way west until you reach a dead end. The building on the north side of this lot is the Casa de Balboa building. The SD Model Railroad Museum has a back door located here, which is labeled. A staff member will be stationed at this door to greet incoming campers and check them in as well as check them out at the end of the day.
3. During check-in and check-out, you will need to **bring a photo I.D.** with you. Only individuals listed on the registration paperwork will be allowed to have campers released into their care. In the event there is a nanny or other individual dropping off or picking up campers, the museum must be notified 24 hours in advance and have proper information documented.
4. The camps will take a **10-minute snack break** every day, and a **lunch break at noon**. Due to various food allergies, all campers must provide their own snacks and lunch every day.
5. Campers will receive their camp T-shirt on the first day of camp and are welcome to wear their t-shirts for the entire week of camp. It is especially important for them to wear their shirts on field trip days for easy identification.
6. The campers will be going on one or possibly two excursions during the week to the Santa Fe Depot in Old Town.
7. Campers will build a layout during the week, on Friday they will display it in the Pacific Beach room. We will hold a raffle and one lucky winner will take it home (with permission to do so of course).

**Parent Permission Slip Off-site Excursion Form for 5th-9th Grade Full Day Campers**

Name of Child:

Trip Destination: **Santa Fe Depot Train Station/Old Town**

1050 Kettner Blvd, San Diego, CA 92101

Date of Trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has my permission to attend the excursion.

Parent/ Guardian Name (printed)

Parent/ Guardian (signature)

Date

Every precaution will be taken in providing the safety and well-being of all children participating in this off-site excursion. However, if need arises to contact you or some other responsible person, please indicate an emergency name and number that can be used for this purpose.

Emergency Contact Name:

Emergency Contact Number:

In the event of an accident, we also request your permission to take your child to the nearest hospital.

I hereby grant my child, permission to be taken to the nearest hospital or doctor for treatment in case of emergency.

Parent/Guardian Signature