

Junior Ranger Camp Registration Form 2018

Contact Information

Child Name: _____
Age as of July 1, 2018: _____ T-Shirt Size: _____ Preferred Pronoun: He / She / They
Primary Contact Name: _____
Email Address: _____
Phone: _____ Relationship: _____
Alternate Contact Name: _____
Phone: _____ Relationship: _____

Medical Information

Physician Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Allergies: _____

Dietary Restrictions/Preferences: _____

Other Important Information/ Considerations: _____

Permissions

I give permission to the above named child to participate in Junior Ranger Camp and all related activities. My child participates at his/her/their own risk and I shall hold the Roosevelt-Vanderbilt Historical Association (RVHA) and the Roosevelt-Vanderbilt National Historic Site (ROVA) and its employees harmless of any injury or accident.

Signature: _____ Date: _____

Photography: Please check the desired description

_____ I give permission to RVHA and ROVA to use photograph or video of my child in its public information materials.

_____ I give permission to RVHA and ROVA to photograph my child for camp activities only, but not for public information materials.

_____ I do not give permission for my child to be photographed.

Signature: _____ Date: _____

How did you hear about the camp? _____

Please mail to:

Attn: Camp Registration

RVHA

P.O. Box 235 Hyde Park, NY 12538

For more information, please contact Michael Zwelling at Michael_zwelling@nps.gov 845-229-9115x2029

Hosted by: Roosevelt-Vanderbilt National Historic Site and Roosevelt-Vanderbilt Historical Association