



THOMASVILLE
HISTORY CENTER

Registration Form

Please complete this form and **return it to the Thomasville History Center**, 725 N. Dawson Street, Thomasville, Georgia 31792 as soon as possible.

Camp Dawson: Fall Break Edition, October 11

Camper Name:

Goes By:

Age: Date of Birth: / / Grade School:

Home Address:

City State Zip

Primary Contact:

Name(s):

Email:

Home # Cell # Business #

Relationship:

Secondary / Emergency Contact Name:

Email:

Home # Cell # Business #

Relationship:

If above 2 contacts are not available in an emergency, please notify:

Name Cell # Alternate #

Relationship:

In addition to the names above, the following are authorized to pick up:

1. Relationship to Child: #:
2. Relationship to Child: #:
3. Relationship to Child: #:

Health & Safety Release

Physician

#:

Does your child have any condition (physical, emotional or cognitive) of which Camp staff should be aware?

Does your child require any medication that might need to be administered *during camp hours*? Please list medications and procedure.

Please keep in original packaging/bottle that identifies the prescribing physician (if prescription drug), the name of the medication, dosage, and frequency of administration • Please provide sufficient medications for entire camp session • All medications will be administered/stored by History Center Staff.

Allergy (List)	Reaction & Management
Food	
Medications	
Other (include insect stings, hay fever, asthma, animal dander, etc.)	

Photo Release

Thomasville History Center staff will take photographs and video of campers engaged in activities throughout the camp. I hereby give permission to the Thomas County Historical Society, Inc. DBA Thomasville History Center to use photographs which include my child to publicize the Camp Dawson, the Lapham-Patterson House, and/or or the Thomasville History Center.

Initial: _____

Medical Release

I hereby authorize the Thomas County Historical Society, Inc. DBA Thomasville History Center employees and/or camp staff to act in accordance to their best judgment in any emergency requiring medical attention for my child. Further, in the event of an illness or injury to my child, I give the attending physician permission to administer treatment while continuing to attempt to contact the parent, guardian or designated individuals listed on this sheet.

Initial: _____

License & Liability Insurance

I understand and have been advised that this program is not licensed by the Bright from the Start: Georgia Department of Early Care and Learning and is not required to be licensed. Bright from the Start does not regulate or routinely inspect this program. The Thomas County Historical Society, Inc. DBA Thomasville History Center carries Business Liability Coverage (bodily injury, property damage, personal and advertising injury). Proof of insurance may be shared upon request.

Initial: _____

Signature

Date
