

Hello!

We are excited to send the enclosed form to register your campers for the Prairie Day Camp on Wednesday, August 1st. The camp will run 9:30-3:00 (with lunch provided), and drop-off beginning after 9:00.

Please be sure to complete the attached registration form as well as the medical disclosure, medical consent, photo consent, and liability waiver. You may mail the completed registration and payment to: National 19th Amendment Society, P. O. Box 33, Charles City, IA 50616 or deliver to Carrie's Girlhood Home, 2379 Timber Ave., Charles City, IA 50616.

Fee for the camp is \$15 per camper, or \$10 per camper if they are the child or the grandchild of a member of the National 19th Amendment Society. Our activities change every year so campers who have visited previous years are encouraged to return, as well as new visitors!

We are looking forward to seeing you on August 1st!

Lindsey Hines

Summer Intern

Carrie Lane Chapman Catt Girlhood Home and Interpretive Center

2379 Timber Avenue, P.O. Box 33

Charles City, Iowa 50616-0033

641.228.3336

Day Camp Registration - 2018

Carrie Lane Chapman Catt Girlhood Home and Interpretive Center

2379 Timber Avenue, P.O. Box 33

Charles City, Iowa 50616-0033

641.228.3336

Participant Name _____ Gender (please circle) M / F

Street Address _____ City _____ Zip Code _____

Grade (going into this fall) _____

Parent/Guardian Name _____

Parent/Guardian Email Address _____

Phone _____

Camp Information

Campers will experience a typical day on an 1860's farm at the Carrie Lane Chapman Catt Girlhood Home and Interpretive Center. Activities include: prairie education led by an expert from the Floyd County Conservation Department, 1860's crafts and games, and old-fashioned pressed apple cider. Camp is open to students entering grades 1-6. Cost for camp is \$15/child, or \$10/child if they are the child or the grandchild of a member of the National 19th Amendment Society. Checks can be made out to the National 19th Amendment Society. Camp will run on **August 1st from 9:30 a.m. to 3:00 p.m.** Day camp led by the National 19th Amendment Society in partnership with Silos and Smokestacks National Heritage Area. **For more information, call 641.228.3336 or email clccatt@gmail.com.**

Fee _____ Cash _____ Check _____ Check # _____

Please complete reverse side for Medical Disclosure/Consent, Photo Permission and Liability Waiver.

Please mail in this registration form with your payment or drop it off at the Carrie Lane Chapman Catt Girlhood Home by July 25. Business hours are Monday – Saturday 10:00 a.m. – 4:00 p.m. and Sunday 12:00 p.m. – 4:00 p.

Medical Disclosure

The following information may be helpful in the unlikely event of an accident. Please indicate if participant has a history of any medical complications, as listed below or other.

Allergies: Bees/Insects _____ Food _____

Medications _____

Other _____

Any medical condition CLCC staff should be aware of: _____

If medications are needed during the program, please list details below.

Medication	Purpose	Time Taken

In the event of an emergency participant is covered by the following:

Insurance Company: _____ Policy #: _____

Emergency Contact: _____ Phone: _____

Doctor's Name: _____ Office Phone: _____

Medical Consent, Photo Permission and Liability Waiver

Parental permission must be secured for participants who are under 18 years of age.

I am aware in signing this document that certain risks and dangers exist in the activities in which my child or I may be participating. I acknowledge that while Carrie Lane Chapman Catt (CLCC) staff will make every reasonable effort to teach my child or me proper safety and minimize exposure to known risks, all dangers associated with these activities cannot be foreseen. These risks may include, but are not limited to, the loss or damage of personal property, injury or fatality due to inclement weather, slipping, falling, insect bites, falling objects, hyperthermia (heat exposure), or suffering any type of accident or illness in remote areas without immediate access to medical facilities. I have a personal responsibility to make sure my child and I understand and follow the safety standards, guidelines and procedures established by the CLCC staff. Furthermore, I give my consent to CLCC staff or other medical personnel to treat my child or me in an emergency situation. If my child is to take any medications, they should be in a prescription bottle with clear instructions as to when they should be taken. The medication shall be delivered in the care of the CLCC staff and will be dispensed as prescribed. I understand that the programs at the Carrie

Lane Chapman Catt Girlhood Home and Interpretive Center are subject to inclement weather. In the case of necessary changes, I understand a program of equal value will be substituted and my program fee will be used for this purpose. Weather related refunds are not allowed as long as a program continues. I also agree, unless I explicitly request otherwise, that photographs taken during this program may be used for promotional purposes.

Signature _____ Date _____