



Date:

Dear Parent:

Thank you for your interest in registering your child for the half-day **Tea Time Museum Mini Camp** at the Pettigrew Home and Museum on Wednesday, July 18. We are looking forward to the return of this program!

Participants will learn what it was like to be an American child growing up over a century ago. The afternoon includes Victorian games and crafts, a tour of the historic home, manners and etiquette, and tea and treats at a tea party!

The activities begin promptly at 1:00 p.m. and will end at 4:00 p.m. The \$15.00 fee covers the cost of the program, activity materials, and treats. Financial assistance is available; please call for details.

Please complete the enclosed combination registration form, waiver of liability, and medical release. Each child must have a registration form completed and signed by a parent or legal guardian. **If any portion of this form is not completed, your child will not be permitted to participate in the program.** Return the one-page form along with a check for the registration fee to: Museum Mini Camps, Siouxland Heritage Museums, 200 W. 6th Street, Sioux Falls, SD 57104. These must be received no later than one week prior to the program. **Your child is not registered until we have received a completed registration form and payment.** We will send you a confirmation letter after we have received the form and fee.

Each session is limited to 20 children between 5 and 8 years of age and is filled on a first-come, first-served basis. We will most likely have a waiting list. If you must cancel, please call the Pettigrew Home and Museum, (605) 367-7097, as soon as possible so another child can participate. Refunds, minus a \$5.00 handling fee, will be given until one week prior to the program date. No refunds can be given for cancellations after that date. Please be aware that we require a minimum number of children to hold the camp. In the unlikely event a cancellation is made due to low registration, your full fee will be refunded.

Thank you for returning the registration form as soon as possible. Call (605) 367-7097 or (605) 367-4210 with any questions. We hope you have a great summer!

Siouxland Heritage Museums Education Staff



200 W. 6th Street, Sioux Falls, SD 57104

Strong Foundation. Strong Future.

Equal Opportunity Employer and Service Provider

P:(605)367-4210

F:(605)367-6004

siouxlandmuseums.com



Tea Time Museum Mini Camp Registration Form

Child's Name: _____ Age: _____ M or F Date of Birth: _____
(child must be 5 years of age by date of camp)

Parents' Names: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone 1: _____ Alternate Phone 2: _____

Tea Time will be held at the Pettigrew Home and Museum on the following date:

Wednesday, July 18, 2018

I give my permission for this child to attend Tea Time Museum Mini Camp.**

Signature of Parent or Legal Guardian *Date*

**In signing, you also grant permission for the museum to photograph your child during the program and to use these images for marketing purposes. To opt out, please contact the museum prior to sending in registration materials.

Waiver of Liability

This release is made _____ by _____
(Date)

Name: _____
(Parent or Legal Guardian)

Address: _____
(Complete address including zip code)

as parent or legal guardian of *(Child's Name)* _____

In consideration of the permission granted to my child by the Siouxland Heritage Museums (Old Courthouse Museum and Pettigrew Home and Museum) to participate in the selected **Museum Mini Camp** and all recreational activities, I hereby release the Siouxland Heritage Museum, their agents and employees from all liability and all claims which I, my heirs, executor, administrator, or assigns may have against the Siouxland Heritage Museums, their agents and employees, for all personal injuries known or unknown which

(Child's Name) _____ may incur by participating.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Dated: _____ Signature: _____

Health Consent Form

Camper's Name: _____

Emergency contact person (**other than parent**): _____ Phone: _____

Relationship (grandmother, aunt, neighbor, etc.): _____

Physician's Name: _____ Phone: _____ Hospital Preferred: _____

Please note any allergies, physical conditions, or special needs of which we need to be aware: _____

Authorization for Treatment: I hereby give my permission to the medical personnel selected by the Day Camp Director to order x-rays, routine tests, treatments, and necessary transportation for the child named above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Day Camp Director to secure and administer treatment, including hospitalization, for the child named above.

Signature of Parent/Legal Guardian: _____ Date _____

Please return this form and the \$15 registration fee to: Siouxland Heritage Museums, 200 West 6th Street, Sioux Falls, SD 57104 Attn: Museum Mini Camp
(Checks should be made payable to Siouxland Heritage Museums.)