



Date:

Dear Parent:

Thank you for your interest in registering your child for Pioneer Day Camp. We are looking forward to another great year!

Centered around an original 1870s cabin, Pioneer Day Camp features several activity stations, such as quilt squares, candle dipping, and fishing. The campers will help with food preparation, including our noon meal and hand-cranked ice cream. We will also be exploring the Beaver Creek Nature Area trails and playing pioneer games.

All participants must furnish their own transportation to and from the Beaver Creek Nature Area near Brandon. (A map is included with the confirmation letter you will receive once your child is registered.) The day's activities begin at 8:00 a.m. and end at 4:30 p.m. Pioneer toys and games will be available for free play until 4:45pm. **Campers should not be dropped off earlier than 7:45 and must be picked up before 5:00.** The \$35.00 fee covers the cost of the noon meal, morning and afternoon snacks, and all activity materials. 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 separate 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: Pioneer Day Camp, Siouxland Heritage Museums, 200 W. 6th Street, Sioux Falls, SD 57104. These must be received no later than one week prior to the date you have chosen for your child to attend. **Your child's spot is not confirmed until we have received a completed registration form and payment.** We will send you a confirmation email after we have received the form and fee.

The Siouxland Heritage Museums takes the health and safety of our patrons seriously. For the duration of the COVID-19 pandemic, we will continue to follow the guidance of health and government agencies. Your child should be prepared to wear a well-fitting mask over both mouth and nose while indoors and when proper distancing cannot be achieved outdoors. In addition, campers will be asked to report any COVID-19 symptoms on the day of camp.

Each Pioneer Day session is limited to 25 children between 7 and 12 years of age and is filled on a first-come, first-served basis. We always have a waiting list. If you must cancel, please call the Old Courthouse Museum, (605) 367-4210, as soon as possible so another child can participate. Refunds, minus a \$5.00 handling fee, will be given until one week prior to your child's registered date. No refunds can be given for cancellations after that date. However, should the program be cancelled due to weather or unforeseen circumstances, full refunds will be returned by mail to those whose children we are unable to reschedule for another date. Calls will be made by a staff member as soon as a determination to cancel the program is made.

Thank you for returning the registration form as soon as possible. Call (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](http://siouxlandmuseums.com)



## Pioneer Day Camp Registration Form

Child's Name:\* \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth:\* \_\_\_\_\_  
(Child must be 7 years of age by date attending camp)

Pioneer Day Camp will be held on the following dates. Please circle your preference.

**Tues. June 15, 2021**

**Tues. June 22, 2021**

**Tues. June 29, 2021**

### Contact Information

Parent's Name(s):\* \_\_\_\_\_ Email:\* \_\_\_\_\_

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

City:\* \_\_\_\_\_ State:\* \_\_\_\_\_ Zip:\* \_\_\_\_\_

Primary Phone:\* \_\_\_\_\_ Alternate Phone 1: \_\_\_\_\_ Alternate Phone 2: \_\_\_\_\_

Emergency contact person (other than parent):\* \_\_\_\_\_ Phone:\* \_\_\_\_\_

Relationship (grandmother, aunt, neighbor, etc.): \_\_\_\_\_

Physician/Clinic Name:\* \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital Preferred: \_\_\_\_\_

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

*\*Asterisked items are mandatory.*

### Permission/Waiver of Liability/Health Consent

This release is made \_\_\_\_\_ by: \_\_\_\_\_  
(Date) (Parent or Legal Guardian printed name)

\_\_\_\_\_ As parent or legal guardian of the above-named child, I hereby give my permission for this child to attend Pioneer Day Camp and all recreational activities therein and grant permission for the museum to photograph my child during the program and use these images for marketing purposes.\*\*  
*initials*

\_\_\_\_\_ In addition I give 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.  
*initials*

\_\_\_\_\_ In consideration of the permission granted to my child by the Siouxland Heritage Museums (Old Courthouse Museum and Pettigrew Home and Museum) and the SD Department of Game, Fish and Parks, to participate in **Pioneer Day Camp**, I hereby release the Siouxland Heritage Museums and the South Dakota Department of Game, Fish and Parks, 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 and/or the South Dakota Department of Game, Fish and Parks, their agents and employees, for all personal injuries known or unknown which the above-named child may incur by participating.  
*initials*

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

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

\*\*To opt out of the photo release, please contact the museum prior to sending in registration materials.

**Please return this form and the \$35 registration fee to: Siouxland Heritage Museums, 200 West 6<sup>th</sup> Street, Sioux Falls, SD 57104 Attn: Pioneer Day Camp** (Checks should be made payable to Siouxland Heritage Museums.)