

# Temple Railroad and Heritage Museum

## STEAM Summer Camp Registration

### Personal / Contact Information

Participant #1: Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Age \_\_\_\_ T-shirt Size \_\_\_\_\_

Participant #2: Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Age \_\_\_\_ T-shirt Size \_\_\_\_\_

Participant #3: Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Age \_\_\_\_ T-shirt Size \_\_\_\_\_

Primary Guardian: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Phone# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alt Phone# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Secondary Guardian: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Phone# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alt Phone# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

### Medical information

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the participant have allergies? \_\_\_\_ Yes \_\_\_\_ No

If yes, what type?

#### Type of Allergy

\_\_\_ Bee Sting

\_\_\_ Peanuts

\_\_\_ Poison Ivy

\_\_\_ Pollen, Trees, etc.

\_\_\_ Drugs \_\_\_\_\_

\_\_\_ Foods \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

Life Threatening

\_\_\_

\_\_\_

\_\_\_

\_\_\_

\_\_\_

\_\_\_

\_\_\_

Please explain allergy in detail, what symptoms occur and to what child. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child take any other medication? Please explain what kind \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will your child be bringing medication to camp? \_\_\_\_\_

Will your child need medication administered to them? \_\_\_\_\_

#### For Office Use Only

Pick up Authorization form \_\_\_\_\_

Consent/Liability form \_\_\_\_\_

Paid Registration fee \_\_\_\_\_

