

**THE LYCEUM: ALEXANDRIA'S HISTORY MUSEUM  
CURATOR CAMP, AUGUST 19, 2009  
APPLICATION**



**CAMPER INFORMATION**

Name of Participant \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of August 19, 2009 \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work/Daytime # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work/Daytime # \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Work/Daytime # \_\_\_\_\_

If parent or guardian cannot be reached, please contact:

1. \_\_\_\_\_ Work/Daytime # \_\_\_\_\_

2. \_\_\_\_\_ Work/Daytime # \_\_\_\_\_

**MEDICAL INFORMATION**

Medical Insurance: The City of Alexandria does not provide medical insurance for participants. In the event of illness or injury requiring treatment, hospitalization, and/or surgery, the family medical insurance must be used.

Name of Insurance or Health Care Program in which participant is enrolled:

\_\_\_\_\_

Policy/patient # \_\_\_\_\_

Physician's name \_\_\_\_\_

Medication participant is taking: \_\_\_\_\_

\_\_\_\_\_

Medication is treatment for: \_\_\_\_\_

\_\_\_\_\_

Physical Restriction/Accessibility Needs: \_\_\_\_\_

\_\_\_\_\_

Learning Problems: \_\_\_\_\_

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MEDICAL INFORMATION (CONTINUED)



Allergies: \_\_\_\_\_

Dietary Restrictions (Snack will be provided): \_\_\_\_\_

Describe any other medical conditions of which the staff of The Lyceum should be aware.

**PERMISSIONS & AGREEMENTS**

I hereby release and forever discharge the City of Alexandria and the City's Office of Historic Alexandria, The Lyceum and its officers, agents, and employees from any and all actions, claims or liabilities resulting from or arising out of or based upon any bodily injury or property damage which may be sustained by the undersigned or the camp participant while participating in such programs.

**Emergency Care:** In the event of an emergency in which the responsible parties cannot be reached, I give permission to the staff of The Lyceum to seek appropriate medical treatment for my child. I understand that I am responsible for medical expenses incurred by my child and that The Lyceum advises I carry health insurance for my child.

**Field Trip Permission:** I give my permission for my child to participate in field trips during the regular camp day, supervised by staff of The Lyceum.

**Photograph Release:** I authorize The Lyceum and the City of Alexandria to use and reproduce photographs, film and videotape taken of my child and to circulate same for advertising and publicity purposes of all kinds.

**Disciplinary Problems:** I understand that The Lyceum has a policy of promptly removing children from the camp who cause disruption or fail to follow adult supervision. I understand that the registration fee will not be refunded in those circumstances.

**Refunds:** I understand that there are no refunds for missed days due to changed work or vacation schedules, sick days, or other non-emergency reasons.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT & REGISTRATION**

**Please fax or mail your registration and payment by July 15, 2009.**

Fee is \$75. \_\_\_\_\_ Check payable to the City of Alexandria \_\_\_\_\_ Credit Card

Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Authorizing Signature \_\_\_\_\_

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**PICK-UP AUTHORIZATION**

Child's Name: \_\_\_\_\_

Authorized individuals 18 years or older must sign child in and out of camp, or you may use this form to authorize your child to leave on his/her own at the end of the day.

PICK-UP: Photographic identification is required at pick up. Children will not be released to anyone not on the Pick-Up Authorization Form. Be sure to put your name on the Pick-Up Authorization Form as an authorized individual even though you are the one completing the form.

The following people are authorized to pick up my child from camp. I understand that my child will be allowed to leave with these individuals only. Photo identification will be requested at sign out.

Authorized Person's Name	Relationship to Child	Daytime Telephone Number

**OR** I authorize my child to leave on his/her own.  Yes  No

List below any special considerations or persons NOT allowed to pick up your child:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## Rules and Responsibilities

### Children must:

- ☺ Respect others in what they say and do. Teasing and bullying is not tolerated.
- ☺ Listen to program leaders and follow directions.
- ☺ Use appropriate language.
- ☺ Take care of their belongings.
- ☺ Use supplies in a safe and appropriate manner.
- ☺ Play safe and have fun!



### Parents/Guardians must:

- ☺ Complete and submit the appropriate paperwork.
- ☺ Sign your child in and out of the program and bring proper I.D.
- ☺ Be on time to pick up and drop off your child. Camp hours are from 9 a.m. to 4:30 p.m. daily. **Campers may not be dropped off before 8:45 a.m. and must be picked up no later than 4:45 p.m.**
- ☺ Your child should wear closed-toed shoes. Sandals, wheelie shoes, flip-flops, and clogs are not permitted.
- ☺ Assist staff in resolving behavioral issues.
- ☺ Contact The Lyceum staff immediately when issues arise.
- ☺ Notify The Lyceum staff within 24 hours if a member of the household develops a communicable disease. In the case of a life threatening disease, parents must notify The Lyceum staff immediately.

### Grounds for Immediate Dismissal (no refund given):

- A parent who refuses to follow policies as stated in the packet
- A child who intentionally harms him/herself or causes injury to another child or staff member
- A child who displays inappropriate behaviors repeatedly
- A child who fails to comply with the Rules and Responsibilities

I have read and understand the rules of conduct and agree to uphold them to maintain a safe and enjoyable camp experience for everyone.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_