



Pioneer for a Day Summer Camp 2010

Application & Waiver

Please print and deliver to: **Osceola County Historical Society, 750 North Bass Road, Kissimmee, FL 34746**. Any questions, contact us: **(407)396-8644**.

We must receive your FORM and FEE for your child to be considered as registered. A separate form should be filled out for each child being registered. Please ensure you have completely filled out the application below and signed in the appropriate locations in order to secure your reservation. Fee per session is \$30 per child, \$15 per additional child in family.

Camper Information:

Session (please circle): June 24 July 22 August 12

Camper's Name: _____

Age at date of camp: _____

Male: _____ Female: _____

Address: _____

Home Phone: _____

Parent or Guardian Name: _____

Phone: _____

Alternate Phone: _____

Person Dropping Off: _____

Person Picking Up: _____

Medical Information:

Known Allergies: _____

Special Needs: _____

Emergency Contact (non-parent): _____

Relationship: _____ Phone: _____

Method of Payment:

Cash (in person only)
Visa

Check (payable to OCHS)
Master Card

Card # : _____ Exp. Date: _____

Signature: _____ Amount Paid: _____

Cancellation Policy: Written notification must be received 48 hours prior to camp day in order to receive full refund.

I hereby undertake to hold and save harmless, and agree to indemnify the Osceola County Historical Society, its Board of Directors, and staff from and against any and all liability incurred by any and all of them arising as a result of, or in any way connected with my child's participation in the "Pioneer for a Day" summer camp program. I warrant that my child is physically fit to participate in the "Pioneer for a Day" summer camp program, and hereby understand that he/she will follow the rules and regulations of the program.

The undersigned jointly and severally agree to this waiver and indemnity:

Date: _____ Signed: _____

Date: _____ Witness: _____