



A National Historic Landmark

## Time Traveling at Sotterley

### Registration Form

Male \_\_\_\_\_ Female \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Parent Names: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Persons with permission to pick up children: \_\_\_\_\_

Select a Session:                      July 11 – 13, 2011    8:30 a.m.-3:00 p.m.    Grades 3 - 5  
(Please Circle)                              July 18 – 20, 2011    8:30 a.m.-3:00 p.m.    Grades 6 – 8  
    July 25 – 27, 2011    8:30 a.m.-3:00 p.m.    Grades 3 - 5

**Tuition:** Cost is \$85 per participant (Historic Sotterley, Inc. Members cost is \$75 per participant). Payment must be made in full to secure a position.

**Cancellation Policy—**

Full refunds for cancellations will be given if cancellation occurs at least two weeks prior to start of camp date. Half refunds will be given if cancellation occurs at least one week prior to start of camp date. No refunds will be given if cancellation does not occur at least one week prior to start of camp date.

\_\_\_ Check \_\_\_ M/C \_\_\_ Visa    - - - - -    - - - - -    - - - - -    Exp... \_\_\_/\_\_\_

**Authorization:** I accept charges for the above registrations fees for Historic Sotterley, Inc. Summer Camp. I have read and accept the cancellation policy.

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

**Please make checks payable to: Historic Sotterley, Inc.**

Historic Sotterley, Inc. Summer Camp at P.O. Box 67, Hollywood, Maryland 20636  
[www.sotterley.org](http://www.sotterley.org) | 301-373-2280 | 800-681-0850 | Fax: 301-373-8474

The above child has my permission to participate in all relevant activities.

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

**ALL FORMS AND PAYMENT MUST BE SUBMITTED TO SECURE YOUR SPOT. CLASSES ARE LIMITED TO 25 STUDENTS ON A FIRST COME, FIRST SERVED BASIS. FOR AVAILABILITY OR QUESTIONS, CONTACT THE EDUCATION DIRECTOR AT 301-373-2280 OR EDUCATION@SOTTERLEY.ORG.**

**Health Disclosures please mark all that applies:**

\_\_\_ Good Health \_\_\_ Asthma \_\_\_ Prescriptions \_\_\_ Allergy \_\_\_ Seizure  
\_\_\_ Chronic Condition \_\_\_ Mental Health Issue \_\_\_ Custody Issue \_\_\_ Diabetes  
\_\_\_ Behavioral Issue \_\_\_ Issue \_\_\_ Other

Medications: \_\_\_\_\_

Allergies? Please list: \_\_\_\_\_

Last Tetanus: \_\_\_\_\_ Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

My son/daughter is insured by \_\_\_\_\_ Insurance Company, policy number \_\_\_\_\_. I give the camp staff or their designees the right to authorize medical attention as an emergency may require. I release the staff and volunteers from any liability and waive any claims against them.

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

**PHOTOGRAPHIC CONTRACT PARENTAL CONSENT FORM**

I hereby consent to and authorize the use and reproduction by Historic Sotterley, Inc., or anyone authorized by Historic Sotterley, Inc., of any and all photographs that have been taken of my child this day for any purpose, without compensation to me. All photos are owned by Historic Sotterley, Inc., reserving the right to use these photographs in any of its print or electronic publications. I hereby acknowledge that I have read and understood the terms of this release.

**Childs Name** (please print): \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_