



A National Historic Landmark

SUMMER MINI-CAMP
Sotterley Colonial Farm
Registration Form
COMPLETE AND SIGN BOTH PAGES!

Male _____ Female _____ Grade Level: _____

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 9 – 11, 2012 | 9:00 a.m.-3:00 p.m. | Grades 3 - 5 |
| (Please Circle) | July 16 – 18, 2012 | 9:00 a.m.-3:00 p.m. | Grades 6 – 8 |
| GRADE ENTERING | July 23 – 25, 2012 | 9:00 a.m.-3:00 p.m. | Grades 3 - 5 |

Tuition: Cost is \$95 per participant (Historic Sotterley, Inc. Members \$85 per participant). FULL PAYMENT WITH COMPLETED AND SIGNED REGISTRATION FORMS MUST BE SUBMITTED BY MAIL, FAX or DROPPED OFF BEFORE ENROLLMENT CAN BE CONFIRMED. CREDIT CARD, CHECKS AND CASH ACCEPTED. CLASS SIZE IS LIMITED. REGISTRATIONS ACCEPTED ONE WEEK PRIOR TO CAMP START DATE OR UNTIL CLASS IS FULL. NO REFUNDS GIVEN AFTER JUNE 30, 2012.

___ Check ___ M/C ___ Visa _____ - _____ - _____ Exp... ___/___

Authorization: I accept charges and terms for the above registration fees for Historic Sotterley, Inc. Summer Camp.

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 | 301-373-2280 | 800-681-0850 | Fax: 301-373-8474

The above child has my permission to participate in all relevant activities.
Students bring their own lunches!
Snacks and water are provided. Craft and activity supplies are also provided.

Parent/Guardian Signature **Date**

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: _____

Questions? Please contact Jeanne Pirtle, Education Director, at 301-373-2280 or e-mail education@sotterley.org .