

HULL LIFESAVING MUSEUM

Summer Adventure 2020 Registration

CHILD INFORMATION:

Name: _____ Age: _____ Date of Birth: _____

ADDITIONAL CHILDREN:

Name: _____ Age: _____ Date of Birth: _____

Name: _____ Age: _____ Date of Birth: _____

Please check the weeks each child will attend:

Check Here	Dates	Theme	Member Fee	Nonmember Fee
	July 7-9	Tide Pool Adventures I	\$90.00	\$110.00
	July 14-16	Art Week	\$90.00	\$110.00
	July 21-23	Pond Yachts	\$100.00	\$120.00
	July 28-30	Shipwrecks & Lifesavers	\$90.00	\$110.00
	August 4-6	Pirate Adventures	\$90.00	\$110.00
	August 11-13	Tide Pool Adventures II	\$90.00	\$110.00
	August 18-20	Tide Pool Adventures III	\$90.00	\$110.00
		Total:		

***We offer a 10% discount for siblings and active military families, Scholarships also available.**

PARENT/GUARDIAN INFORMATION:

Parent/Guardian 1: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email: _____

Parent/Guardian 2: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email: _____

EMERGENCY CONTACT INFORMATION (Other than parent/guardian):

In Case of Emergency Please Contact: _____

Relationship to child: _____

Contact Phone: _____ Alternate Phone: _____

MEDICAL INFORMATION:

***If registering more than one child please list medical issues individually.**

Doctor: _____ Phone: _____

Office Address: _____

Allergies: _____

Medical Issues: _____

Medications: _____

PERMISSIONS:

The Hull Lifesaving Museum, its directors, officers, employees and volunteers are not responsible for any and all claims that may arise from or result in any expenses, personal injury, loss or damages incurred by participants in the Summer Adventure program.

I GIVE or DO NOT GIVE (please circle one) permission for the Hull Lifesaving Museum to take photos of my child for public relations purposes, i.e. newsletters, website, social media, and the like.

Parent/Guardian Signature: _____ Date: _____

PAYMENT INFORMATION:

Check enclosed Check amount: \$ _____

Cash enclosed

Credit Card MasterCard Visa

Credit Card Number: _____ Expiration Date: _____

Card Holder's Signature: _____