

**COLONIAL CHILD'S ADVENTURE CAMP Children Ages 8-12**  
**REGISTRATION FORM with HEALTH & EMERGENCY INFORMATION**  
 NOAH WEBSTER HOUSE, 227 South Main Street, West Hartford, CT 06107  
 Phone: 860-521-5362; Fax: 860-521-4036; email:education@noahwebsterhouse.org  
 Please complete separate forms for each participant

PARTICIPANT'S NAME \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Entering Grade \_\_\_\_\_

SESSION DESIRED - CHECK BOX  July 13-July 17, 2020  July 27-July 31, 2020

**Price per session:\$255/members:\$280/non-members**

Monday through Friday 8:30 a.m. to 4:00 p.m. extended hour stay is available for an additional \$40/week

Total Enclosed \$ \_\_\_\_\_ Make checks payable to the Noah Webster House

\_\_\_ Visa \_\_\_ Master Card Credit Card Number: \_\_\_\_\_ Exp.Date: \_\_\_\_\_

PLEASE COMPLETE IN FULL:

Parent/Guardian (Please Print)  FULL Name _____  Street _____ Town _____  State _____ Zip _____ Home # _____  Cell # _____ Work # _____  E-mail _____
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Parent/Guardian (Please Print)  FULL Name _____  Street _____ Town _____  State _____ Zip _____ Home # _____  Cell # _____ Work # _____  E-mail _____
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Additional Emergency Contacts \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_

I realize that as with any physical activity there is a possible risk of accidental injury to me/my child while participating in the Colonial Child's Adventure Camp. I agree to assume the risk of any injury which my child might suffer while involved in the program and will not hold the Noah Webster House/Westmoor Park, or its instructors liable for any injury which my child may suffer while participating in the program.

Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_

**HEALTH AND EMERGENCY INFORMATION**

\*Has participant been prescribed an Epi-pen? NO \_\_\_\_\_ \*YES \_\_\_\_\_ \*(If yes, an Epi-pen form will be sent to you)

Please list and describe and known allergies, illnesses, physical limitations, special needs, health and behavioral concerns etc.

LIST MEDICATIONS \_\_\_\_\_

FAMILY DOCTOR'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

Please read below and if you understand and agree to each statement *write your initials* in the space next to the paragraph \_\_\_\_\_  
 In the event my child needs emergency hospital care and I cannot be reached, my hospital preference is \_\_\_\_\_.

\_\_\_\_\_ However, if circumstances are such that it is deemed necessary to admit elsewhere, permission is hereby granted.

\_\_\_\_\_ In the event my child needs emergency medical care, I hereby give permission for the hospital to give such emergency treatment as is considered necessary or desirable by medical judgment, including administration of anesthesia.

\_\_\_\_\_ In the event my child needs to be transported by an ambulance, I give permission, at my expense, for transportation

\_\_\_\_\_ I agree to assume all medical expenses incurred by my child while participating in this program.

\_\_\_\_\_ I agree and consent to the use of any photographs taken during *Colonial Child's Camp* for advertising, public relations, and educational purposes only by the NWH & Westmoor Park. I agree to waive all compensation for such use.



## Colonial Child's Adventure Summer Camp Information

### Who may attend camp?

*Colonial Kid's Adventure* is for children ages 8-12.

### When is camp held?

*Colonial Kid's Adventure* is offered in two, one-week sessions:

*Session: July 13-17*

*Session: July 27-31*

Camp begins at 8:30 a.m. and ends at 4 p.m. everyday, Monday through Friday. Extended hours are available until 5 p.m. everyday for an additional \$40 per week per child.

### Where is camp held?

Camp is held in two different locations:

On Monday, Wednesday, and Friday, the camp will be held at the Noah Webster House, 227 South Main Street, West Hartford, 06107.

On Tuesday and Thursday sessions, the camp will be held at Westmoor Park, 119 Flagg Road, West Hartford, 06117.

### How much does camp cost?

Including three lunches and all supplies, the fee for *Colonial Childs' Adventure* is \$280 per child (\$255 for members of the NWH).

### Cancellation Policy

Written requests for refunds (minus a 10% processing fee) will be honored up to one week before the start of camp. After that time, no refunds will be given. Full refunds will be given if the session is cancelled due to under-enrollment.

### Whom should I contact for more information?

Contact Beth Sweeney, Director of Education at (860) 521-5362, ext. 14 or via email at [Sweeneyb@noahwebsterhouse.org](mailto:Sweeneyb@noahwebsterhouse.org).

*About the Noah Webster House and West Hartford Historical Society:*

### Our Mission

**The mission of the Noah Webster House & West Hartford Historical Society is to preserve, interpret, and champion Noah Webster's legacy and birthplace, as well as the evolving history of West Hartford, the town that nurtured him.**