

PLEASE LIST SESSIONS ATTENDING:

Date	Session Title	Session Price
_____	_____	_____
_____	_____	_____
_____	_____	_____

T-Shirt Size (circle one):

Child: XS S M L **Adult:** S M L XL

Total Price: _____

METHOD OF PAYMENT

Enclosed is check # _____
 Amount \$ _____
 Please make checks payable to NMRMA

Please charge my credit card for the amount of \$ _____
 Select card type: Visa MasterCard American Express Discover
 Name on card _____
 Card number _____ Exp _____
 Signature _____

STUDENT INFORMATION

Child Name _____ Grade _____
 Parent/Guardian Name _____ E-mail _____
 Home Address/City, State Zip _____
 Home Phone _____ Alternate/Cell Phone _____

MEDICAL INFORMATION

Emergency Contact Person _____ Relationship to Student _____
 Home Phone _____ Alternate /Cell Phone _____
 Does your child have any medical conditions or allergies? YES NO (If yes, please list them below along with any medications)

Preferred Physician/Hospital _____ Insurance/Policy # _____

The National Mississippi River Museum & Aquarium/Dubuque County Historical Society (NMRMA/DCHS) has my authorization to obtain necessary medical treatment in the case of any emergency situation that may arise and neither I nor the indicated emergency contact is able to be reached at the time of such emergency. I agree that in no event will the NMRMA/DCHS be held liable for any injuries, accidents or losses suffered by my child/the participant while participating in any supervised programs and the NMRMA/DCHS is hereby released from liability. In addition, my signature authorizes the NMRMA/DCHS to photograph the registered participant for the reasonable use and purpose of promotional advertising for summer camps and other educational classes.

Parent/Guardian Signature _____ Date _____