

Swannanoa Valley Museum

Pathways to Adventure

Camp Registration Form

Camper's
Name(s) _____

Address: _____

Phone: _____ Email: _____

I give permission for my child(ren) _____

to participate in the Pathways to Adventure summer day camp activities, and do hereby release the Swannanoa Valley Historical and Preservation Association, Inc., the Swannanoa Valley Museum, its board of directors, staff and volunteers from any and all liability for any accidents or injuries which my child(ren) might incur during these activities.

Signature of Parent or Guardian:

Date: _____

Please list any allergies, food allergies and medications your child is taking, or other special needs: _____

Please give two emergency phone numbers:

Name: _____ Number: _____

Name: _____ Number: _____