

***Dakota City Heritage Village  
Summer Day Camp  
“1900 Apprentice” for 6 to 12 years old***

1. Please use one registration form per child. Make additional copies as needed.
2. Fill out each section completely.
3. Payment must be made with registration: \$125 per camp week, checks can be made out to Dakota City or cash can be brought in with form (no credit cards).
4. Please select one of the following dates:  
\_\_\_\_\_ **June 20 - 23, 2011**      \_\_\_\_\_ **June 27 - 30, 2011**      \_\_\_\_\_ **July 25 - 28, 2011**
5. Return your registration form and payment to: Dakota City Heritage Village, Summer Youth Program, P.O. Box 73, Farmington, MN 55024.

***Registration***

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Grade in fall 2011: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please star preferred emergency contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alt. Email: \_\_\_\_\_

***Emergency Information***

Contact #1: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Contact #2: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

***Child Pick-up Authorization Release***

We request that parents/legal guardians of each child list the name of each person authorized to pick up the child named on this registration form. If a child is to be picked up by someone who is not listed below, you must contact the Dakota City Heritage Village office and send written authorization with your child the day of camp. Your child will not be released to anyone you have not authorized.

***The following individuals are authorized to pick up the child named on this registration form from Dakota City Heritage Village Summer Day Camp:***

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

*(over please)*

## ***Medical Information***

Please list any medical conditions or allergies and/or medications:

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***If staff will need to administer any medication(s) to the child named on this registration form, please complete the following information. Administration of medication(s) to day camp students will be done only when the student's health may be jeopardized without the medication.***

Name of Medication: \_\_\_\_\_

Amount of Medication: \_\_\_\_\_

Time to be administered: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ***Registration Agreement***

- ◆ I recognize that by signing this registration form, I am agreeing to my child's participation in the Dakota City Heritage Village Summer Day Camp.
- ◆ I agree to hold the Dakota City Heritage Village and its parent organization harmless from liability for any and all medical and/or accident expenses that may be incurred during my child's involvement in the Summer Day Camp and Dakota City Heritage Village (DCHV).
- ◆ In case of injury, I authorize DCHV to render first aid and/or obtain whatever medical treatment is deemed necessary for the welfare of the child listed on this registration form. I further understand and agree that any and all charges and fees incurred in the rendering of said treatment will be my responsibility, regardless of whether my medical insurance would cover such charges and fees.
- ◆ I authorize DCHV to photograph and/or video record the child named on this registration form as well as use and reproduce those photographs or video recordings for publicity and promotional purposes.
- ◆ I understand that DCHV reserves the right to dismiss any child due to inappropriate behavior which could lead to the physical or emotional harm of themselves or others, or whose behavior contributes to the disruption of programming.
- ◆ ***I have read and understand and agree to the terms and conditions of this registration as they relate to my child.***

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

***For questions, please contact DCHV office: 651-460-8050, e-mail: [info@dakotacity.org](mailto:info@dakotacity.org).  
Or visit our website at [www.dakotacity.org](http://www.dakotacity.org).***