

Stamp Camp Registration Form 2017

June 5-9th M-F 9am-12:30 noon Ages 8-13



Please call, email, fax, or drop off this form with payment to:

Postal History Foundation 920 N. First Ave. Tucson, AZ 85719

Hours: M-F 8am – 3pm

520-623-6652 x102 FAX # 520-623-3810

Attention: Lisa Dembowski education@phftucson.org



NAME of PARTICIPANT _____ Age _____

PARENT/GUARDIAN INFORMATION:

MOTHER/Guardian _____ Day Phone # _____

FATHER/Guardian _____ Day Phone # _____

ADDRESS _____ City _____ Zip _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

EMERGENCY contact other than parent/guardian _____ Phone _____

Any medical CONDITIONS, ALLERGIES, MEDICATIONS, etc. Please explain below.

PHYSICANS NAME: _____ PHONE # _____

Preferred hospital _____

Fee for the week is \$90 per child.

Bring a snack, if needed – Water only is allowed in the library building.

(No tree nuts or peanuts please due to possible allergies of other students.)

I am paying by:

- Check # _____
- Visa/MasterCard Credit Card: # _____
Expiration Date: _____
Billing address if different from above: _____ Zip Code _____

REFUNDS: The Foundation will provide a refund of paid tuition minus a \$15 administration fee if cancellation is received 15 business days or more prior to the camp start date. The Postal History Foundation cannot offer refunds for sessions missed as a result of student illness, emergencies or other events beyond our control.

PLEASE READ THE FOLLOWING THREE RELEASES ON PAGE 2 AND SIGN BELOW:

Check Yes or No for the Emergency Clause

 Yes No **EMERGENCY CLAUSE:** In the event I cannot be reached in an emergency, I hereby give my permission to the employees of the Postal History Foundation to secure proper medical attention for my child as deemed necessary. This permission extends from minor first aid treatment to (under doctor's orders) hospitalization, injections, anesthesia, surgery, and other medical procedures deemed necessary.

Medical Coverage(Insurance Company): _____ Group ID# _____

Signature Required Below

MEDIA RELEASE: I hereby grant the Postal History Foundation permission to record the participant's likeness and/or voice for use in television, films, radio, or printed materials to further the aims of the Postal History Foundation in related campaigns and magazine articles, booklets, posters, and in other ways they may see fit.

RELEASE CLAUSE: The undersigned releases and holds harmless The Postal History Foundation and any officers, employees or agents thereof from any and all claims, liabilities, or demands whatsoever arising out of the enrollment or participation in any program by the participant therein.

Signature of Responsible Party _____

Date _____ Relationship: _____