

# Stamp Camp Registration Form 2018

June 11-15th M-F 9:30am-12:30 noon Ages 8-14



Camp registration deadline is Friday, June 1<sup>st</sup>

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](mailto: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.

\_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

Preferred hospital \_\_\_\_\_

**Fee for the week is \$95 per child. If two children(siblings) from a family the total cost is \$180.**

**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# \_\_\_\_\_

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**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: \_\_\_\_\_