



SUMMER DAY CAMP REGISTRATION FORM

Form must be returned with signature.

Course Title: _____

Date & Time: _____

Cost Enclosed \$ _____

Mystic Seaport Member? Yes No

Member Number: _____

Name _____ Birthdate _____ Age _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Parent (Guardian) Name _____

The persons listed above have permission to pick-up my child _____

Emergency Contact #1 Name _____ Relationship _____ Phone _____ Phone #2 _____

Emergency Contact #2 Name _____ Relationship _____ Phone _____ Phone #2 _____

Permission

I certify that this health history is correct and complete to my knowledge and therefore give permission for my son/daughter to participate in all program activities — except where noted. If I cannot be reached, in the event of an emergency, I authorize Mystic Seaport to seek, provide and consent to any emergency medical or dental treatment, including but not limited to the administration of prescribed medication, related transportation, hospitalization, injections and anesthesia for surgery.

Signature _____ Date _____

Method of Payment

Cancellations made up to 30 days prior to the start of courses will receive a refund less an administrative fee of 25% of the course cost. No refund will be given for cancellations made within 30 days of any *Brilliant* or camp courses.

Check is enclosed Please charge my: VISA/MC AMEX DISCOVER

Credit Card Number _____ Expiration Date _____

Total Amount \$ _____ Name of Cardholder _____

Occasionally Mystic Seaport photographs or videotapes visitors while on grounds for use in a variety of publicity and promotional materials and to advance our educational mission. We thank you for your cooperation and support.

For information on all programs, call 860.572.5322 or email reservations.desk@mysticseaport.org.

Please return registration form to: (fax) 860.572.5398 or (mail) Reservations, Mystic Seaport, PO Box 6000, Mystic, CT 06355