

**SUMMER DAY CAMP 2011
GETTING TO KNOW YOU!**

Week/camp program name _____

Camper's name _____

Has your child attended a Mystic Seaport Summer Day Camp program before?
If so, which one(s)?

What are the camper's favorite things to do?

Is there anything special that we need to know about this camper before he/she
arrives? _____

Address while the camper is in camp:

Name, phone number and **relationship** of person responsible for camper during
camp: _____

Who will be picking up the camper each day?

Monday _____

Thursday _____

Tuesday _____

Friday _____

Wednesday _____

Statement of Responsibility

In the event of an illness or accident, I authorize Mystic Seaport to initiate appropriate medical or dental treatment for my child if I am unable to do so. I understand, except in the case of negligence, that I am not covered under Mystic Seaport's insurance and that I am responsible for payment of all medical or dental treatments received. Further, I indemnify Mystic Seaport, its agents and employees from any complications or issues that may arise from such treatment.

Signature _____ Date _____

**Please return this sheet with the other 4 forms
before May 1st, 2011**

Barbara Jarnagin
Summer Day Camp Programs
Mystic Seaport
PO Box 6000, Mystic, CT 06355-0990