

Member Overnight Program Registration and Health Form

MEMBER'S NAME _____ BIRTHDATE _____

MEMBER YOUTH NAME(S) & BIRTHDATE(S) _____

STREET _____

CITY _____ STATE _____ ZIP _____

HOME PHONE # _____ and/or CELL PHONE # _____

Emergency Contact:

NAME _____ RELATIONSHIP _____

ADDRESS _____

TELEPHONE: (day) _____ (evening) _____

Please provide the following health information:

Have you had a physical examination within the last three years? YES ___ NO ___

Family Physician _____ Phone _____

Date of last tetanus booster _____

Have you/your child had any communicable disease within the last three weeks? YES ___ NO ___

If YES, please specify. _____

Are there any health concerns you believe we should be aware of? _____

Are you or is your child a vegetarian? _____

Do you/your child have any allergies to:

(a) Foods? Please list: _____

(b) Medicines? Please list: _____

Please list any medication you/your child will be taking while attending the overnight program:

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Statement of Responsibility

I do hereby indemnify and hold Mystic Seaport Museum officers, officials, employees, and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of or in connection with participation in the Mystic Seaport Overnight Program.

Signature of Participant, or Parent/Guardian

_____ Date _____

Parent/Guardians of guests under 18:

Mystic Seaport Museum Inc. I, the undersigned parent/guardian of the above named child, do hereby grant permission for him/her to participate in the Mystic Seaport Overnight Program. I further more agree that, in the event of an accident or illness, Mystic Seaport is authorized to give the authority to any physician or hospital chosen by Mystic Seaport to initiate appropriate medical or surgical treatment.

Signature of Parent/Guardian _____ Date _____

PHOTOGRAPHY RELEASE I hereby grant to Mystic seaport Museum, Inc. (“Mystic Seaport”), and its assignees and licensees the right to photograph, audio tape, and/or videotape me on this date, _____, and the right to use such photographs and moving images including reproductions or likenesses based thereon, in any manner and in any and all media, all as Mystic Seaport or its assignees or licensees may from time to time determine. I hereby irrevocably waive and release to Mystic Seaport and its assignees and licensees all rights, including but not limited to the right of copyright, which may have in or to all such photographs and moving images, and consent to use thereof without limitation by Mystic Seaport and its assignees or licensees.

Signature of Participant, or Parent/Guardian

_____ Date _____