ARCHICAMP
PERMISSION AND REGISTRATION FORM

GENERAL LEW WALLACE STUDY & MUSEUM
HOME OF BEN-HUR

PARENT/GUARDIAN CONSENT FORM

Your son or daughter will be participating in ArchiCamp, June 15-16, 2027, 9:00 a.m. to 3:00 p.m., at the General Lew Wallace Study & Museum. He or she will be participating in various learning activities in the Museum and on the Museum grounds. He or she will always be chaperoned by General Lew Wallace Study & Museum staff and/or volunteers. *For your child to participate, the registration fee of $25.00 (check or money order) and this form must be filled out and returned to the Museum by June 11, 2027.*

PARTICIPANT'S SCHOOL _____

PERMISSION TO PARTICIPATE IN ARCHICAMP

My son/daughter, _____, may participate in ArchiCamp at the General Lew Wallace Study & Museum, June 15-16, 2027, 9:00 a.m. to 3:00 p.m. I or a designated guardian agrees to drop off my child at the Museum (200 Wallace Ave., Crawfordsville) at 9:00 a.m. and pick up my child at 3:00 p.m. both days.

SIGNATURE OF PARENT OR GUARDIAN **DATE**

PARTICIPANT'S T-SHIRT SIZE _____ (indicate Youth or Adult size)
Each student will receive an ArchiCamp T-shirt with registration.

PHOTO/PUBLICITY RELEASE

I understand that ArchiCamp may attract attention from the media and is also used to promote programs at the General Lew Wallace Study & Museum. There is a possibility that children will be photographed during their experience. I grant permission to photograph my son/daughter, _____ for these promotional and educational purposes and to publish his or her name as a participant in the 2027 ArchiCamp.

SIGNATURE OF PARENT OR GUARDIAN **DATE**

WAIVER OF LIABILITY

I am now releasing the General Lew Wallace Study & Museum, as an agent of the Parks & Recreation Department of the City of Crawfordsville, its employees, agents, and assigns from responsibility for any personal injuries and damage to property caused by or having any relation to this activity. I understand that this release applies to any present or future injuries and that it binds my heirs, executors and administrators. I have read this release and signed it voluntarily.

SIGNATURE OF PARENT OR GUARDIAN **DATE**

AUTHORIZATION FOR MEDICAL TREATMENT

I grant permission for any medical care or treatment deemed necessary during June 15-16, 2027, ArchiCamp. Should it be necessary for my child to have medical treatment while participating in ArchiCamp, I hereby give the General Lew Wallace Study & Museum staff and volunteers permission to use their best judgment in obtaining medical service for my child, and I give permission to the physician selected by the Museum to render whatever medical treatment he or she deems necessary and appropriate. Permission is also granted to release necessary emergency contact/medical history to the attending physician, or the workplace, if needed.

SIGNATURE OF PARENT OR GUARDIAN **DATE**

MEDICAL INFORMATION

Name of child_____ DOB _____

Name of Parent/Guardian_____

Address_____

Home Phone _____ Work Phone _____

Cell Phone _____ Email_____

Emergency Contact Name_____

Phone_____ Cell Phone _____

Does your child have any special medical conditions we should know about? (asthma, allergies, convulsions, diabetes, heart condition, orthopedic problems, etc.) YES_____ NO_____
If YES, please describe: _____
_____

Does your child take any medicines regularly? YES _____ NO_____
If YES, please list giving name of medication, dosage and times taken_____
_____

Is your child allergic to any medications? (sulfa, penicillin, aspirin, etc.) _____
_____

SEND THIS FORM ALONG WITH YOUR $25 REGISTRATION FEE BY *June 11* TO:
(Please make check to Lew Wallace Study Preservation Society)
General Lew Wallace Study and Museum
PO Box 662
Crawfordsville, IN 47933