



**Summer Camp Registration 2022**

Please fill out a separate form for each camper. Payment should be sent with registration materials. In the event of a summer camp with minimal registration, your registration fee will be returned.

**Camper's Name:** \_\_\_\_\_

Does your child prefer to go by a nickname? \_\_\_\_\_

Age: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

**Camps Attending:**

**Fishing Camp**- one-day camp. Cost is \$36.

**Shipwrecks Camp**- one-day camp. Cost is \$36.

**Submarine School**- 3-day camp ending in an overnight on the submarine. Cost is \$125. Cost includes 1 parent/guardian on the overnight on the submarine, if additional family members wish to join the overnight it is \$45 per person.

Grade level is what the camper's grade will be in the Fall.

| Camp Type        | Date                           | Grade Level  | Fee                                 | Check Camp Attending |
|------------------|--------------------------------|--------------|-------------------------------------|----------------------|
| Fishing Camp     |                                | 3rd-5th      | \$36<br>Non-member<br>\$30 Member   |                      |
| Shipwrecks Camp  |                                | 3rd-5th      | \$36<br>Non-member<br>\$30 Member   |                      |
| Submarine School |                                | 6th-9th      | \$125<br>Non-member<br>\$100 Member |                      |
|                  | Additional family on overnight | # of people: | \$45 per person                     |                      |
| Total            |                                |              |                                     |                      |

\*\*\*Camp Scholarships: Family Access members or those needing financial assistance may request a scholarship for their camper. Please contact the front desk by calling 920.684.0218 or emailing groups@wisconsinmaritime.org for a summer camp fee waiver request. Summer Camp is available for any student that wishes to take part in the experience, regardless of financial barriers.

**Payment Options:**

Email the completed form to [groups@wisconsinmaritime.org](mailto:groups@wisconsinmaritime.org) after which you will receive an emailed invoice that is payable online.

Or you can drop off at the museum or mail completed forms with full payment to  
Wisconsin Maritime Museum- Summer Camp Registration  
75 Maritime Drive  
Manitowoc, WI 54220

You will receive a registration email when the payment is processed and a pre-camp email two weeks prior to camp from [groups@wisconsinmaritime.org](mailto:groups@wisconsinmaritime.org).

If you have any questions or concerns, please email [groups@wisconsinmaritime.org](mailto:groups@wisconsinmaritime.org)

**Registration information**

Is the camper a member of the Wisconsin Maritime Museum? Y \_\_\_\_ N \_\_\_\_

What is the name on the Wisconsin Maritime Museum Membership? \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact (to be contacted if guardian can't be reached)**

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Who is authorized to pick up the camper in addition to their parent or guardian named above? A photo ID will be required at pick up**

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Medical Concerns**

\_\_\_\_ Physical Handicaps      \_\_\_\_ Heart Problems      \_\_\_\_ Sensitivity to Sun

\_\_\_\_ ADD/ADHD      \_\_\_\_ Asthma      \_\_\_\_ Diabetes      \_\_\_\_ Seizures

\_\_\_\_ Vegetarian      \_\_\_\_ Exercise Induced Difficulties

Other Concerns (Physical or Behavioral) that we should know:

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**Allergies: Describe reactions and management instructions**

Insects/ Animals/Plants (list)

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Food (list)

Medications (list)

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Camper's additional needs:

Are there any activities from which your camper should be exempted from for health reasons?

**Consent Statement**

I will not hold the Wisconsin Maritime Museum responsible in case of an injury resulting from my child's participation in a Summer Camp program, and give consent to my child being given emergency treatment by a physician or hospital as needed. I understand that during some camps food is shared with campers as a way to enhance the summer camp.

I give consent to allow my child to eat foods supplied.

Yes \_\_\_\_\_ No \_\_\_\_\_

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Parent/Guardian Signature

Date

**Waiver and Release of Liability**

I CERTIFY THAT I AM AWARE THAT THESE ACTIVITIES INVOLVE A CERTAIN LEVEL OF RISK NOT NORMALLY ENCOUNTERED, AND THAT I VOLUNTARILY ASSUME ALL RISKS ASSOCIATED WITH SUCH ACTIVITY. AS CONSIDERATION FOR BEING PERMITTED TO PARTICIPATE IN THIS ACTIVITY, I HEREBY VOLUNTARILY RELEASE THE WISCONSIN MARITIME MUSEUM, AND ANY AND ALL OF THE ORGANIZATIONS' OR CORPORATIONS' TRUSTEES, OFFICERS, EMPLOYEES, AGENTS & REPRESENTATIVES FROM ANY CLAIMS FOR PERSONAL INJURY OR PROPERTY DAMAGE ARISING OUT OF OR CONNECTED WITH MY OR MY CHILD'S/CHILDREN'S PARTICIPATION IN SAID ACTIVITY, WHETHER SUCH INJURY OR DAMAGE WAS CAUSED BY NEGLIGENCE OR OTHERWISE, & I HEREBY VOLUNTARILY WAIVE MY RIGHT TO MAKE A CLAIM AGAINST OR SUE FOR SUCH INJURY OR DAMAGE.

I have carefully read this Release of Liability Agreement & fully understand its contents. I am aware that by signing this document, I am releasing from liability the Wisconsin Maritime Museum and its trustees, officers, employees, and agents, jointly and severably; I sign this document of my own free will.

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[Signature]

[Date]

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Camper Name (Please Print)

\_\_\_\_\_  
Camper's Age

**Permission to Photograph and Videotape**

Please read the following statements and put at "X" to indicate your choice.

\_\_\_\_\_ Yes, the Wisconsin Maritime Museum has the permission to photograph and/or videotape my child for Wisconsin Maritime Museum publications. All images produced will have a direct association to the Museum and its promotion of summer camps and educational programs.

\_\_\_\_\_ No, the Wisconsin Maritime Museum may not have permission to photograph and/or videotape my child for Museum publications.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**COVID-19 Guidelines**

I acknowledge the following COVID-19 guidelines.

- Please stay home when appropriate. Campers, museum employees and volunteers who are sick with any symptoms or have recently had a close contact with a person with COVID-19 or similar symptoms in the last 14 days should stay home. The Museum will issue a refund to campers who cannot attend camp due to illness or if the camp gets canceled due to Museum employees/volunteers being sick.
- Health screening of all campers will be filled out by parents on the first day of camp and updated if any of the circumstances change at any time.
- Fitted masks worn properly required at times where campers cannot socially distance
- Snacks & lunch are eaten without sharing food
- Increased hand washing & sanitizing throughout the day

**Agreement to COVID-19 precautions being taken**

I accept the precautions being taken by the Wisconsin Maritime Museum staff during Summer Camp.

By signing this agreement, I acknowledge the steps that are being taken by the Wisconsin Maritime Museum staff to mitigate the spread of COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Wisconsin Maritime Museum summer camp programs.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date