

**CORONADO HISTORICAL ASSOCIATION, MUSEUM OF HISTORY & ART**  
**EDUCATION PROGRAM REGISTRATION FORM**  
**PARTICIPANT INFORMATION FORM**

**PERSONAL INFORMATION**

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**EMERGENCY INFORMATION**

Please list an emergency contact in the the event that neither parent can be reached.

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

**PICK UP PERMISSION**

Please list who is authorized to pick up your child from this program. Please note identification will be required for pickup from all parents, guardians and other authorized adults.

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

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

**SIGN OUT RELEASE**

**I authorize my child, \_\_\_\_\_, to sign him/herself out of the Coronado Historical Associations, Museum of History & Art’s “Irving J. Gill’s Architecture for Kids” during their participation in this program. I understand that my signature below allows my child to sign themselves out of this education program at any time and releases the Coronado Historical Association, Museum of History & Art of any responsibility for their wellbeing upon signing themselves out.**

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

**MEDICAL INFORMATION**

Does your child have any allergies or special needs that we need to be aware of: \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child take medications? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If any medications, such as an inhaler need to be administered during the program, can the child self-administer or does the child need adult assistance? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

## AUTHORIZATION OF TREATMENT OF A MINOR AND HOLD HARMLESS

This form signed by you authorizes emergency medical treatment for a minor child in case of necessity. Should it be necessary for you to be away from home it can authorize the Coronado Historical Association, Museum of History & Art to act for you. (I)(We) the undersigned, parent(s) or legal guardian of the above child, a minor, do hereby authorize THE CORONADO HISTORICAL ASSOCIATION, MUSEUM OF HISTORY AND ART and/or any California Hospital as agents for the undersigned to consent, in advance of any specific diagnosis, to any x-ray examination, anesthetic medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any California Hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California, and shall remain effective until revoked in writing by parent/guardian. I will not hold the Coronado Historical Association, Museum of History & Art responsible for any damage arising from any injury that might be received while participating in activities of the Coronado Historical Association, Museum of History & Art's Education Programs.

**Signature:** \_\_\_\_\_  
Signature of Participating Adult, Parent or Guardian Date

In consideration of being allowed by the Coronado Historical Association and Museum of History & Art to participate in the Coronado Explorers Camp Program, I hereby agree that:

- I understand that video production and/or photography (of my child) may be conducted during the program. I grant full and irrevocable consent to the Coronado Historical Association and Museum of History & Art and those acting under its permission or upon its authority, the unqualified right and permission to reproduce, copyright, publish, or otherwise use my child's photographic likeness. In further consideration of participation in the Coronado Historical Association's Education Programs, I agree that the Coronado Historical Association and its officers, agents, or employees may use my appearance, name, and likeness in connection with my participation in any publication, including news release, without my prior consent. I further agree that I am not entitled to any compensation for such use of my appearance, name, and likeness.
- I understand and expressly assume the risk of any and all damage, injury, or harm which may occur to my child or my property.
- I forever release and discharge the Museum officers, directors, employees, agents, assigns, and insurers from any and all claims or liability arising out of or in connection with my child's participation in the program. This release includes libel, invasion of privacy, negligence, or other fault that result in personal injury or property damage during or in connection with the above program or activities. This Permission and Release shall inure to the benefit of licensees and assigns of the Museum, and shall be binding upon myself and/or my child, spouse, and my/his/her heirs, estate, personal representatives, and assigns.

**Signature:** \_\_\_\_\_  
Signature of Participating Adult, Parent or Guardian Date