

2024 ROMP Creativity Camp Registration Form

PARTICIPANT INFORMATION

Last Name _____ First Name _____

Address _____ City _____ State _____

Age _____

Emergency Contact Name _____ Contact Number _____

CAMP SIGN-UP: Check all that you plan to attend.

1:00-4:00, ROMP, 416 E. Main, Locust Grove

Camp June 6 June 13 June 20 June 27 July 5 July 11

PARENT/GUARDIAN INFORMATION

Last Name _____ First Name _____

Relationship to Child _____ Phone _____

Email _____

HEALTH INFORMATION

The information you provide here will be held in the strictest confidence. It will be kept on file during the duration of the camp.

Allergies: Yes No

If yes, please describe the severity of the reaction, requested accommodations and what is done to manage them.

May we serve your child food and beverages: Yes No

Medical, Physical, or Emotional Conditions (including Disabilities):

If your child does have any conditions, please provide information to assist us in providing the best camp experience for your child.

Medications (including Inhalers): Yes No

If your child must take medication while at camp, please note here. All medications must be in their original containers and be appropriately labeled. Please do not give your camper's medication to them to bring to camp; medications must be received and held by the camp director.

INDIVIDUAL CONTRACT

To the extent allowed by law, I, the undersigned am the parent/guardian of the individual(s) named above, and shall hold harmless, indemnify, and release Shaun Perkins of the Rural Oklahoma Museum of Poetry from and against any and all liability, loss, damage, expense, cost of every nature, and causes of actions arising out of or in connection with attending this camp.

Signature of Parent/Guardian of Minor

Date

Is it okay to use photos of your child making crafts during the workshop on Facebook and the ROMP website?

____ Yes ____ No

