



2016 Old Sacramento History Camp Registration Guide

General Camp Information:

- Old Sacramento History Camp is held in Old Sacramento. It is located in the Sacramento History Museum's Living History Center, located across the street from the museum off of Firehouse Alley.
- Children will visit Old Sacramento museums, state historic parks, and local historic sites during their camp stay.
- Each week contains different field trips, activities, and crafts. Themes are as follows:
 - **July 11-15 GOLD FEVER!** Campers will discover California's Gold Rush history through fun and interactive field trips, activities, games and crafts related to our historic theme.
 - **July 18-22 HISTORY LIVE!** Campers will spend the week rehearsing an original play, with a special performance for parents the last day of camp! The week will also feature fun and interactive field trips, activities, games and crafts that explore California's rich history.
 - **July 25-29 DIG IT!** Campers will spend the week as Jr. Archaeologists! This week is recommended for children 8 and above. The week will feature fun and interactive field trips, activities, games and crafts related to our historic theme.
- Parents/Guardians must sign their children in and out of camp daily. Only authorized parents/guardians or persons will be allowed to sign their children in and out of camp. If you arrange for another person to drop off or pick up your child, you must fill out the Release Authorization Form for Drop-off and Pick-up for each person being authorized to perform this duty (page 14).
- Registration packets must be completed and submitted for each child/camper prior to the first day of camp, including any food and animal allergies and all medical needs.
- Welcome packets will be sent out one month prior to camp and will include a daily itinerary, map and information on field trips, lunches, clothing requirements, etc.



Registering for camp:

1. Complete this packet for each child that will be attending. Completed packets must be received prior to the first day of camp for a child/camper to be registered.
2. Be sure to select a camp session. If you would like to enroll your child in multiple sessions, please mark each one (page 3).
3. Please complete the Old Sacramento History Camp Enrollment Form (pages 3-4).
4. Please review the Pricing and Payment Information and fill out if necessary (pages 5-7).
5. Please complete and sign the Release and Indemnity Agreement (page 8).
6. Please complete the 2016 Old Sacramento History Camp Health History Form (pages 9-13) and be sure to sign and date the last page.
7. Registration will not be complete until payment has been received. Payments may be made in person, over the phone, or by mail. To register by phone, please call the Museum front desk at 916-808-7059 and have your credit card information ready. The entire payment must be made at time of registration.
8. Return this entire completed packet for each child/camper to:

**Sacramento History Museum
ATTN: History Camp
101 I Street
Sacramento, CA 95814**

9. Refunds will only be issued with 48 hours' notice prior to the first day of the designated camp session.

Questions?

Please contact Kristin Ryan at kryan@cityofsacramento.org or (916) 808-4980 or Julie Ivanovich at jivanovich@cityofsacramento.org or (916) 808-6896.



2016 Old Sacramento History Camp Enrollment Form

Camp Sessions: Please check each session(s) you would like your child to attend

July 11 – July 15 GOLD FEVER!

July 18 – July 22 HISTORY LIVE!

July 25 – July 29 DIG IT!

Parent/Guardian Contact Information

Parent/Guardian 1: _____

Parent/Guardian 2: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Other Phone: _____

Address: _____

City/State/Zip: _____

Email: _____

Child/Camper Information

Camper's Name: _____

Grade Camper is Entering (must be entering 1st-6th): _____ Gender: _____

T-Shirt Size (children's): X-Small Small Medium Large X-Large 2XL

Does the camper go by a nickname? No Yes Nickname: _____

Demographic data (optional)

School name: _____

Race: _____

How did you find out about History Camp?

Ad in Parent's Monthly, California Kids

Word of mouth

Flyer from the elementary school

Wagon banner

Internet

If Internet is selected, please specify website: _____



Pricing and Payment Information

Please note that pricing has changed for 2016 Old Sacramento History Camp sessions. Please carefully read through the information below.

Early Bird Registration: April 1-7, 2016

(Must be registered by 5:00 p.m. April 7)

\$185 per week and per child

➔ **Become a Sacramento History Museum Member for only \$45 and save!** ←

Member Rate: \$165 per week and per child

Regular Registration: After April 7

\$200 per week and per child

➔ **Become a Sacramento History Museum Member for only \$45 and save!** ←

Member Rate: \$180 per week and per child

Extended Care Options

We offer extended care from 7:30 a.m. – 9:00 a.m. in the morning and 4:00 p.m. – 5:30 p.m. in the evening. The cost is \$15 per day or \$60 per week. Please check day and time below if you would like to include extended care. Please note that extended care may be added now or at a later date once the camper is registered.

July 11 – July 15 GOLD FEVER!

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

July 18 – July 22 HISTORY LIVE!

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

July 25 – July 29 DIG IT!

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM



Total Amount Due (Please select the appropriate registration option)

Early Bird Registration: April 1-7, 2016 (must be registered by 5:00 p.m. April 7)

Non-member Registration:

_____ # of Camp Sessions x \$185 per week = \$ _____

OR

Sacramento History Museum Member Registration:

_____ # of Camp Sessions x \$165 per week = \$ _____

Please add a Sacramento History Museum Family Membership to my enrollment = \$ _____ 45

Optional Extended Care:

_____ # of Extended Care Days x \$15 per day = \$ _____

_____ # of Extended Care Weeks x \$60 per week = \$ _____

TOTAL AMOUNT DUE: _____

Payment information

We accept checks, all major credit cards, or cash. Cash payments must be made in person at the Sacramento History Museum.

*Checks: Please make checks payable to Sacramento History Museum.

Credit Card: Visa Mastercard American Express Discover

Name as it appears on credit card: _____

Card number: _____ Exp. Date: _____ Security Code: _____

Signature of card holder: _____

Email to receive receipt: _____



Regular Registration: After April 7

Non-member Registration:

_____ # of Camp Sessions x \$200 per week = \$ _____

OR

Sacramento History Museum Member Registration:

_____ # of Camp Sessions x \$180 per week = \$ _____

Please add a Sacramento History Museum Family Membership to my enrollment = \$ _____ 45

Optional Extended Care:

_____ # of Extended Care Days x \$15 per day = \$ _____

_____ # of Extended Care Weeks x \$60 per week = \$ _____

TOTAL AMOUNT DUE: _____

Payment information

We accept checks, all major credit cards, or cash. Cash payments must be made in person at the Sacramento History Museum.

*Checks: Please make checks payable to Sacramento History Museum.

Credit Card: Visa Mastercard American Express Discover

Name as it appears on credit card: _____

Card number: _____ Exp. Date: _____ Security Code: _____

Signature of card holder: _____

Email to receive receipt: _____



2016 Old Sacramento History Camp Release and Indemnity Agreement

As the parent/guardian of _____, referred to in this agreement as “my child”, who will be participating in the Old Sacramento Summer 2016 History Camp, I understand that anyone acting on behalf of the Historic Old Sacramento Foundation (Camp guides, volunteers, staff, and Board of Directors) will take all reasonable steps to provide a safe environment for everyone who participates in the Summer Camp activities. I authorize the Historic Old Sacramento Foundation to make medical emergency decisions on behalf of my child, and I further acknowledge that the Historic Old Sacramento Foundation will not be held liable for any resulting medical charges or held liable in any other way. I am also aware that there are certain risks involved in these activities, which might result in personal injury or property damage, and by allowing my child to participate in such activities I agree to accept all risks of injury or damage. I agree to allow the Historic Old Sacramento Foundation to use photos for promotional purposes that may contain images of my child. Furthermore, I agree to hold harmless the Historic Old Sacramento Foundation, its camp guides, volunteers, staff, and Board of Directors for any liability on behalf of my child or myself. I also agree to indemnify the Historic Old Sacramento Foundation for any expenses of liability that result because of a claim made by or on behalf of my child. I understand that this agreement is binding to me, my child and anyone else acting on behalf of my child.

Parent/Guardian Name (Please Print)

Signature

Date



2016 Old Sacramento History Camp Health History Form

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care.

Emergency Contacts

Child's Name: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Please list two additional emergency contacts:

1. Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell: _____

2. Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Insurance Information

Is the child covered by family medical/hospital insurance? Yes No

Physician's name: _____

Medical group: _____

Insurance or Medical ID. Number: _____

Address: _____

City, State, Zip: _____



Health History Allergies

Please list all known allergies and describe reaction(s) and management of the reaction(s).

Medication Allergies (please list)

Food Allergies (please list)

Other Allergies (please list – include insect stings, hay fever, asthma, animal dander, etc.)



Health History (continued)
General Health Questionnaire

General Health Questions (Please explain any “yes” answers below)

- | | | |
|---|-----|----|
| 1. Has your child had any recent injury, illness, or infectious disease? | Yes | No |
| 2. Have a chronic or recurring illness/condition? | Yes | No |
| 3. Had a recent medical procedure, including surgery, or hospital admittance? | Yes | No |
| 4. Have frequent headaches? | Yes | No |
| 5. Wear glasses, contacts, or protective eyewear? | Yes | No |
| 6. Ever been dizzy or passed out during or after exercise? | Yes | No |
| 7. Ever had seizures? | Yes | No |
| 8. Ever had high blood pressure? | Yes | No |
| 9. Ever been diagnosed with a heart murmur? | Yes | No |
| 10. Ever had back problems? | Yes | No |
| 11. Have an orthodontic appliance being brought to camp? | Yes | No |
| 12. Have diabetes? | Yes | No |
| 13. Have asthma? | Yes | No |

Please explain any “yes” answers, noting the number of the question:



Health History (continued) Medications

Medications Being Taken

Please list all medications (including over-the-counter or nonprescription drugs taken routinely). Bring enough medication to last the entire week of camp. Keep it in the original packaging that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This child does not take any medications on a routine basis.

This child takes the following medications:

Medication #1: _____ Dosage: _____

Specific times taken each day: _____

Reason for taking the medication: _____

Medication #2: _____ Dosage: _____

Specific times taken each day: _____

Reason for taking the medication: _____

Medication #3: _____ Dosage: _____

Specific times taken each day: _____

Reason for taking the medication: _____

Medication #4: _____ Dosage: _____

Specific times taken each day: _____

Reason for taking the medication: _____

Attach additional pages for more medications. Be sure include all of the above information for each additional medication.



**Health History (continued)
Other Information**

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

Use this space to provide any additional information about the child’s behavior and physical, emotional, or mental health about which the camp should be aware:

Has this child been admitted to the hospital, had a medical procedure or surgery within the last year?

Additional Health Notes (if needed):

Please attach any additional pages as necessary.

The Old Sacramento History Camp Health History Form is correct and complete to the best of my knowledge. The person herein named has permission to engage in all camp activities except as noted. I authorize the Historic Old Sacramento Foundation to make medical emergency decisions on behalf of my child, and I further acknowledge that the Historic Old Sacramento Foundation will not be held liable for any resulting medical charges or held liable in any other way. I am also aware that there are certain risks involved in these activities, which might result in personal injury or property damage, and by allowing my child to participate in such activities I agree to accept all risks of injury or damage.

Signature of Parent/Guardian: _____ Date: _____



2016 Old Sacramento History Camp Release Authorization Form for Drop-off and Pick-up

If someone other than the child's parent/guardian (registered on the Enrollment Form) is authorized to pick up the child, an authorization form must be submitted for each authorized person. A child will not be allowed to leave with another person unless authorized to do so by the parent/guardian.

If, due to unforeseen circumstances or an emergency, it is necessary for someone else to pick up your child, a note or telephone call from the parent/guardian is necessary. Please be aware that the person may be asked to identify him/herself before we release your child.

If there are any custody issues, please alert Old Sacramento History Camp staff prior to the first day of camp.

Release Form

The following people are authorized to pick up my child from the Old Sacramento History Camp. I authorize Old Sacramento History Camp staff and volunteers to release my child to their care.

Child's Name: _____

Camp Session Attending: _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Authorized Person to pick-up my child:

Name: _____ Relationship: _____

Phone: _____ Phone 2: _____

Additional Information:

Parent/Guardian Signature: _____ Date: _____