

**2023 Registration Packet**

**General Camp Information:**

* Old Sacramento History Camp is held in Old Sacramento. It will be held in the BF Hastings Building located at 1002 2nd Street and at the Sacramento History Museum, located at 101 I Street. Campers will be dropped off and picked up at 1002 2nd Street.

**FULL DAY CAMPS**

**TIME:** 9:00am-4:00pm (drop-off between 8:30-9am, pick-up between 4-4:30pm (some extended care available for an additional $5 a day)

**PRICE:** *Early Bird* (before March 1, 2023): $200 for members, $230 for non-members

*Early Bird Bundle*: $350 for members, $400 for non-members

*Regular (after March 1)*:$250 for members, $280 for non-members

*Regular Bundle*: $450 for members, $500 for non-members

* **History Mystery** Put on your detective cap and help us solve Sacramento mysteries this summer! Campers learn about symbolism, secret codes, and uncover clues to solve Sacramento mysteries using 19th century detective skills. Activities include invisible ink, fingerprinting, archaeology, and time capsules! Sign up today for this fun interactive camp!

**DATES:** June 19-23 **(Ages 6-9 years old)**

June 26-30 **(Ages 10-12 years old)**

* + **Life Long Ago!** Ever wonder if you could live in a time before electricity? This camp immerses your child in what life was like for the people of Sacramento in the late 1800’s. Campers will learn different modes of transportation, fun past-times, and historic artistry. Activities include early photography, candle-making, paper quilling, and much much more! This camp will take place outdoors in the morning and indoors in the afternoon.

**DATES:** July 10-14 **(Ages 6-9 years old)**

July 17-21 **(Ages 10-13 years old)**

* Parents/Guardians must sign their children in and out of camp daily. 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.
* 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.

**Become a Sacramento History Museum Member for only $60 and save on camps!**

Registration Prices

Early Bird: $200 for members, $230 for non-members

Early Bird Bundle: $350 for members, $400 for non-members

Full Day Camp: $250 for members, $280 for non-members

Bundle 2 full-week camps: $450 for members, $500 for non-members

**Extended Care Options**

We offer extended care from 8:30am-9:00am and 4:30pm-5:00pm with an additional $5 charge per day.

How did you find out about History Camp?

Advertisement

Internet

Word of mouth

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Registering for Camp**

1. Complete this packet for EACH child that will be attending. Completed packets must be received within two weeks after reserving your campers spot or we cannot guarantee a camp shirt for your camper.
2. Be sure to select a camp session. If you would like to enroll your child in multiple sessions, please mark each one.

* Please complete the Old Sacramento History Camp Enrollment Form
* Please complete and sign the Release and Indemnity Agreement
* Please complete the 2023 Old Sacramento History Camp Health History Form and be sure to sign and date the last page.

1. **Registration will not be complete until payment has been received**. Payments may be made online, in person, or over the phone.

* To register online visit www.sachistorymuseum.org
* To register by phone please call the Museum front desk at (916)808-7059 and have a credit card ready. The entire payment must be made at time of registration.

1. Return this completed packet for each child to shm-education@sachistorymuseum.org or mail to:

Sacramento History Museum

Attn: History Camp

101 I Street

Sacramento, CA 95814

Questions? Please email [shm-education@sachistorymusem.org](mailto:shm-education@sachistorymusem.org)



**2023 Camp Enrollment Form**

**Camp Sessions: Please check each session you would like your child to attend**

Week 1 Full-Day, June 19-23: History Mystery ***Ages 6-9***

Week 2 Full-DayJune 26-30: History Mystery ***Ages 10-12***

Week 3 Full-Day, July 10-14: Life Long Ago! ***Ages 6-9***

Week 4 Full-Day, July 17-21: Life Long Ago! ***Ages 10-12***

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of camper (please check age appropriate camps): \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| T-Shirt size (children’s): | X-Small | Small | Medium | Large | XL | XXL |

|  |  |  |  |
| --- | --- | --- | --- |
| Does the camper go by a nickname? | No | Yes | Nickname:\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please list two additional emergency contacts:**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_



**2023 Old Sacramento History Camp**

**Release Authorization Form for Drop-Off and Pick-Up**

If someone other than the child’s parent/guardian 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 the child.

**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?:

Click or tap here to enter text.

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



**Health Information Section**

The health information being collected is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care during camp.

**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 medication, food, and other allergies and describe reaction and management of reaction.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other:

Click or tap here to enter text.



**Health History: General Health Questionnaire**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Has your child had any recent injury or illness? | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Have a chronic or recurring illness/condition? | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Had a recent medical procedure? | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Have frequent headaches? | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Wear glasses, contacts, or protective eyewear? | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Ever been dizzy or passed out during or after exercise? | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Ever had seizures? | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Ever had high blood pressure? | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Ever been diagnosed with a heart murmur? | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Ever had back problems? | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Have an orthodontic appliance being brought to camp? | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Have diabetes? | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Have asthma? | Click or tap here to enter text. | Click or tap here to enter text. |

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

Click or tap here to enter text.



**Health History: Medications**

Please list all medications. Please bring enough medication to last the entire week of camp. Keep it in the original packaging that identifies the name of the medication and dosage.

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional health notes (if needed)

* Explain any restrictions to activity, any information about the child’s behavior and physical, emotional or mental health about which the camp should be aware:

Click or tap here to enter text.



**2023 Old Sacramento History Camp**

**Release and Indemnity Agreement**

As the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, referred to in the this agreement as “my child”, I understand that anyone acting on behalf of the Old Sacramento History Camp (camp guides, volunteers, and staff) will take all reasonable steps to provide a safe environment during camp activities. I am aware that there are certain risks involved in camp activities, which might result in personal injury or property damage. By allowing my child to participate in such activities, I agree to accept all risks of injury or damage.

I authorize the Old Sacramento History Camp staff to make medical emergency decisions for my child, and I further acknowledge that the Old Sacramento History Camp will not be held liable in any way, including resulting medical charges.

I agree to indemnify the Old Sacramento History Camp for any expenses of liability that result because of a claim made by or on behalf for my child. I also agree to allow the Old Sacramento History Camp use photos for promotional purposes that may contain images of my child. Furthermore, I agree to hold harmless the Old Sacramento History Camp, its camp guides, volunteers, and staff for any liability on behalf of my child or myself, 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

**2023 Sacramento History Museum/ Sacramento History Alliance**

**Minor Photo Release**

As the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I give permission for images of my child captured during their field trip to the Sacramento History Museum to be used by the Sacramento History Museum and the Sacramento History Alliance for promotional purposes.

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

Parent/Guardian Name (Please Print)

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

Signature Date

**Registration Fees**

Add a Sacramento History Museum Family Membership to your enrollment for $60? Y N

**Full-Day Camp Registration**

Check which week(s) you’d like to register for:

**Week 1, History Mystery (ages 6-9) Week 2, History Mystery (ages 10-13)**

**Week 3, Life Long Ago (ages 6-9) Week 4, Life Long Ago (ages 10-13)**

member registration at $250  non-member registration at $280

2-week bundle, member at $450  2-week bundle, non-member at $500

**Optional Extended Care:**

\_\_\_\_\_ # of extended care days at $5 per day

Camp Registration: $\_\_\_\_\_\_\_

Extended Care: $\_\_\_\_\_\_\_

Membership: $\_\_\_\_\_\_\_

**Total due: $\_\_\_\_\_\_\_\_\_**

**Credit Card Authorization**

|  |  |  |  |
| --- | --- | --- | --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_