

# History Writing Camp Registration

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

Date of Birth: \_\_\_\_\_ Incoming Grade \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

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

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

HEALTH HISTORY OF CHILD: This is kept confidential. Attach additional sheet if necessary.

Please list any allergies:

\_\_\_\_\_

Describe your child's allergic reaction:

\_\_\_\_\_

Please list any foods that you prefer your child does not eat. (Ex: Meat)

\_\_\_\_\_

Other medical concerns:

\_\_\_\_\_

Medications being used:

\_\_\_\_\_

Please note that the staff cannot dispense any medications. Do not send any medications to class with your child.

Does your child wear: glasses ( ) contact lenses ( ) hearing aid ( )  
corrective shoes ( ) prosthesis ( )?

Any other info concerning your child's health that we should be aware of:

\_\_\_\_\_

Emergency Contact Information:

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

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

In the event that neither I nor my designee can't be contacted during a medical emergency, I consent to emergency treatment determined necessary by a qualified physician.

Preferred Medical Facility \_\_\_\_\_ (optional)

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Authorization and Consent

As parent, legal guardian or agency representing the child named above, I hereby give consent to enroll my child in the specified program(s) operated by the iWRITE Literacy Organization and The Bryan Museum staffs. I recognize that my child must follow safety instructions, remain in areas designated by staff, and refrain from behavior that is harmful to him/her or others. Failure to do so will result in dismissal from program without refund. The iWRITE Literacy Organization and The Bryan Museum staffs will do their best to ensure a safe experience, however I understand that accidents do occur. I hereby release the iWRITE Literacy Organization and The Bryan Museum staffs from any and all responsibility and liability of any nature resulting in my child's participation in any program accident including claims for any injury, illness, death, loss or damage. My signature gives permission to use all photos and videos taken during programs for promotional purposes. To opt out of this, I will submit request in writing. I have informed camp staff of my child's medical conditions. All information given is accurate and true to the best of my knowledge.

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

Date: \_\_\_\_\_

### PAYMENT INFORMATION:

Method of Payment:    Mastercard        Visa        Check (make payable to The Bryan Museum)

Total Amount Enclosed: \_\_\_\_\_                      Check #: \_\_\_\_\_

CC # \_\_\_\_\_    Exp Date \_\_\_\_\_    Security Code \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

---

**Pay to the order of iWRITE.  
Mail registration and payment to:  
Summer Camps  
Attn. The Bryan Museum  
P.O. Box 266597  
Houston, TX 77207**

For inquiries please email [Nicole@iWRITE.org](mailto:Nicole@iWRITE.org) - You will receive an email confirmation within a week. For questions regarding financial needs based scholarships contact: Mary Lou Hollender at [marylou@thebryanmuseum.org](mailto:marylou@thebryanmuseum.org).  
For online registration visit: [iWRITE.org/summer-camps](http://iWRITE.org/summer-camps)