



Please Send Registration & Payment to:

**Mim Campbell
Children's Programming
31162 Sunrise Trail
Stacy, MN 55079**

2020 Mini-Camp Registration Form

<input type="checkbox"/>	Little Immigrants Monday, July 13 10:00am - 2:30pm Ages 4-7 Years Old Fee: \$15
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<input type="checkbox"/>	Coming to Amerika Tues & Wed, July 14-15 10:00 - 3:00 pm Grade 2 - Grade 5 (2019-2020) Fee: \$40.00 (members) \$50 (non-members)
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Child's Name _____ Age _____

Parent Name(s) _____

Address _____ City _____ State _____ Zip _____

Cell _____ Text? _____ Email _____

Food or Environmental Allergies _____

Medications to be Administered or Considered _____

Emergency Contact (☐ Check if same as above)

Name _____ Phone _____ Text _____

Additional Information that may be helpful: (Additional space on reverse side)

Assumption of Risk Agreement and Liability Release

As a parent of a participant in Gammelgårdens Museum programs, I acknowledge and am aware that the program involves hazards and risks which I am prepared to accept. These may include, but are not limited to: use of hand, sharp tools, playing outdoors and other program materials. Accordingly, by my decision to enroll my child, I hereby release the Gammelgårdens Museum, Scandia Minnesota and Elim Lutheran Church, Scandia, Minnesota, including all of its personnel agents, affiliates, contractors, staff volunteers and governing board members, from any and all liabilities to me and my child with respect to injury, sickness, disease, and/or loss or damage or personal property. This release does not apply to liabilities arising from gross negligence and wanton reckless misconduct by Gammelgårdens Museum personnel, agents, affiliates, contractors, staff, volunteers, and governing board members. This is to be interpreted and enforced under Minnesota State Law.

Parent's Signature _____ **Date** _____

For Office Use Only

Received: _____ Registration Form _____ Payment ____/____/____ (Deadline 1 week prior to each camp)

Sent: _____ Confirmation & Info Sheet A ____/____/____ _____ Info Sheet B ____/____/____