



BPMM Discovery Days Registration Form

General Information

Child's Name:	
Date of Birth:	Grade Entering:
Name of Parent/Guardian:	
Contact No:	Alternate Contact No
Address:	
Email Address:	

Emergency Contacts (Other than parent/guardian listed above)

Emergency Contact #1 Name:	
Contact #:	Alternate Contact #:
Relationship:	
Emergency Contact #2 Name:	
Contact #:	Alternate Contact #:
Relationship:	

- I hereby give my permission to the Bartow-Pell Mansion Museum for the use of my child's photograph and artwork ("images") in any promotional material, including advertising, brochures, publications, websites, video productions, and other uses. I waive the right to any fee or compensation for either the photographic sitting or the use or reproduction of the resulting images in any medium.
- I, on behalf of my child, agree to indemnify, release, discharge and hold harmless the Bartow-Pell Mansion Museum, the New York City Department of Parks and Recreation, Historic House Trust of New York City, and the Bartow-Pell Conservancy and their directors, officers, agents, employees, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages or liabilities, of any kind or nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my child's participation in the Session. This and the preceding paragraph will continue in full force and effect even after the termination of the Session.

Parent/Guardian Signature: _____ **Date:** _____

Please return forms with payment to:
 BPMM Discovery Camp, Bartow-Pell Mansion Museum 895 Shore Road, Bronx, New York
 10464 **P:** 718.885.1461 **E:** info@bpmm.org **W:** www.bpmm.org



BPMM Discovery Camp Dismissal Form

Dismissal for BPMM Discovery Days is promptly at 2 p.m. Dismissal will take place from the Children’s Garden classroom at the carriage house. Cars should be parked in the front lot, please do not park cars on grass. As we do not have the staff or facilities to take care of your children after 2 p.m., please be on time. Should an emergency arise, please call 718.885.1461. **Please complete and return the bottom portion of this form to the address below.**

Thank you.

Bartow-Pell Mansion Museum
895 Shore Road, Pelham Bay Park
Bronx, New York 10464

BPMM Discovery Days Dismissal Authorization Form

(To be completed and returned to Bartow-Pell Mansion Museum)

Child’s Name: _____

The following individuals are authorized to pick-up my child from *BPMM Discovery Camp* at Bartow-Pell Mansion Museum. I understand my child will *only* be allowed to leave with these individuals and that they must show a photo I.D. when signing-out my child.

Authorized Person’s Name	Relationship to Child	Phone #
1.		
2.		
3.		
4.		

No child will be dismissed to any person not listed above, unless we receive written permission from the parents/guardians.

Parent/Guardian Signature: _____ Date: _____

BPMM Adventures Attendance Record

Day	Time In	Initials	Time Out	Initials

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BPMM Discovery Days Medical Authorization and Information Form

Child's Name: _____ Age: _____ Gender: _____

Parent/ Guardian Name: _____ Phone #: _____

Health History (Check all that apply):

All information provided is requested in case of a medical emergency. Please be as detailed as possible to ensure that should an emergency arise, your child will be appropriately cared for.

Conditions

- Frequent ear infections
- Heart disease/defect
- Convulsions
- Diabetes
- Bleeding/clotting disorder

Allergies

- Asthma
- Hay Fever
- Poison Ivy
- Insect Sting
- Penicillin

Diseases

- Mononucleosis
- Chicken Pox
- Measles
- Mumps
- Flu

Dietary Restrictions: _____

Current Medicine (staff cannot administer any medication): _____

Please include any other information that may be helpful in case of a medical emergency:

Do you carry family medical/hospital insurance? If so please provide the carrier and policy/group #: _____

During BPMM Discovery Days, participants will take part in a variety of outdoor and indoor activities. Participants will taste various edibles from our Children's Garden. They will come in contact with grass and plants typical of the Pelham Bay Park area, seasonal pollens outdoors, possible heat and humidity, as well as games and physical activities. Does your child have any medical conditions that require special consideration for participation in indoor and outdoor and physical activities?

Yes ___ No ___

If yes, please list:

This health history is correct so far as I know, and the person herein described has permission to engage in all activities unless otherwise noted. I hereby give my consent, in the event that all reasonable attempts to reach me and/or the emergency contact(s) named on the registration form at the telephone number(s) listed have been unsuccessful, for museum staff to take any steps to ensure my child's health in case of an emergency.

Parent/Guardian Signature: _____ Date: _____

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