



Come explore the history and heritage of the birthplace of Nebraska, Sarpy County. This five-day camp organized by certified local teachers is hands-on, educational and, most of all, fun! Help build an amazing 3-D map showing highlights of a pioneer family, Native American and Fort Crook personnel. Enjoy special guided tours of Sarpy County Historical Society buildings; make different daily projects, experience demonstrations, and other hands-on activities. Participants will end the camp by putting together their own "mini-exhibit" display for parents to view.

For more information, contact museum@sarpycountymuseum.org or call 402-292-1880.

Payment and completed registration forms can be mailed to:

Sarpy County Museum

2402 Clay St.

Bellevue, NE 68005



NEBRASKA
STATEHOOD
1867 150

A Nebraska 150 Official Event

www.sarpycountymuseum.org



Sarpy
County
Museum 
PROTECT * PROMOTE * EDUCATE

Explore 150 Years of Nebraska History

Sarpy County Museum

July 10th – 14th

REGISTRATION FORM

PARTICIPANT INFORMATION

Last Name: _____ First Name: _____

Gender: Female Male Age: _____

School: _____

Grade attending year 2017-2018: _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Telephone: _____

Parent email: _____

(Include area code with telephone)



Please list ADA Accommodations needed: _____

Mother's name: _____ Father's name: _____

Mother's day phone: _____ Father's day phone: _____

Mother's cell: _____ Father's cell: _____

Person's Authorized to pick up child: _____
(Please provide a copy of their ID)

Other Dismissal Arrangements _____

Emergency contact*: _____ Relationship: _____ Phone: _____

Specify any of your child's health problems: _____

Is your child on any medication? No Yes If so, please specify: _____

Payments: Tuition may be paid by cash or by check and camper is not registered until payment is received.
Make the check payable to: **Sarpy County Museum**

Camp Fees:

- Museum members - \$65 per explorer
- Nonmembers - \$75 per explorer
- Discount available for siblings

We do not provide make-ups or refunds for any days missed for any reason. Please do your best to come to camp every day. Refunds are considered non-refundable and will be considered on a case by case basis by our Executive Director.

DROP OFF AND PICK UP TIMES

Drop off time:

- 9AM for campers

Pick up time:

- 12:00PM for campers
- A \$1 fee will be charged for every minute late after a 10 minute courtesy wait.

REQUIRES PARENT’S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Parent/Legal guardian name _____ Date _____

Parent/Legal guardian Signature _____ Date _____

Student Allergies _____

Student Medical Problems _____

Doctor _____ Phone number _____

I hereby give permission to **Sarpy County Museum** to photograph and/or videotape the student for educational or promotional purposes. _____ (Initial)

PARENT STATEMENT

I hereby state that (camper’s name) _____ is in good mental and physical health condition to participate in the activities provided by **Sarpy County Museum**. I hereby release **Sarpy County Museum, its employee and its staff** from liability to the above named camper, of the person claiming through him/her, arising from injury to the person or property of the above named camper occurring in the premises of the **Sarpy County Museum**, including any event sponsored or sanctioned by **Sarpy County Museum**, and or travel to and from such activities.

I understand that **Sarpy County Museum** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **Sarpy County Museum** or its scheduled program and that **Sarpy County Museum** has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature _____ Date _____