



Grades 3-8 Kids Camp Registration

July 26-27: 1:00-4:00 and July 28: 9:00-4:00

● Child Information

Last Name: _____ Preferred First Name: _____

Gender: Male Female Age: _____ Birthdate: _____

Home Address: _____ City _____ Zip _____

Home #: _____ Email Address: _____

● Mother/Guardian Information

Name: _____

Daytime #: _____ Cell: _____

● Father/Guardian Information

Name: _____

Daytime #: _____ Cell: _____

● Additional Emergency Contact

Name: _____

Relationship to child : _____

Daytime #: _____ Cell: _____

Does your child have any special medical needs, allergies, or take any medications?

Circle one: No Yes -(please explain below)

● I Understand That

- The Fort Worth Museum of Science and History will arrange any necessary emergency treatment in the event the parents or authorized person listed above cannot be reached
- Photographs of my child in the Kids Camp environment may be taken for promotional and archival purposes.
- Please initial: _____ Yes, my child’s photograph/first name may be used
 _____ No, my child’s photograph/first name may not be used

Parent/Guardian Signature: _____ Date: _____

Email Outreach@fwmsh.org

Mail

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SCIENCE AND HISTORY

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