



2018

**HISTORY!**

# Summer Camps

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## INFORMATION SHEET:

### CAMPS DATES

Monday August 13th to Friday August 17th  
Monday August 27th to Friday August 31st

### CAMPS TIMES

Everyday  
Begin: 10:00 am - Finish: 2:30 pm  
( Drop off & Pick Up as per list below)

### LOCATION DROP OFF AND PICK UP PER DAY

	<i>DROP OFF LOCATION:</i>	<i>PICK UP LOCATION:</i>
<b>MONDAY</b>	<b>SENECA MUSEUM</b>	<b>SENECA MUSEUM</b>
<b>TUESDAY</b>	<b>SENECA FALLS LIBRARY</b> 47 Cayuga Street	<b>SENECA FALLS HISTORICAL SOCIETY</b> 56 Cayuga Street
<b>WEDNESDAY</b>	<b>SENECA MUSEUM</b>	<b>SENECA MUSEUM</b>
<b>THURSDAY</b>	<b>SENECA MUSEUM</b>	<b>WOMEN'S RIGHTS NATIONAL HISTORICAL PARK</b> 136 Fall Street
<b>FRIDAY</b>	<b>LOCKS 2/3</b> End of Washington Street	<b>CADY-STANTON HOUSE</b> 32 Washington Street

### LUNCHES

Monday	-	Mac and Cheese, Watermelon
Tuesday	-	Pizza and salad, Fruit
Wednesday	-	Ham/Turkey Subs and crisps, Cookies (Chocolate Chip)
Thursday	-	Hot Dogs and Pasta Salad, Fruit
Friday	-	Kentucky Fried, mashed potato and biscuits

### MISC. DETAILS.

- Everything for the children is provided each day. There will ample water and snacks throughout
- Most days there is a good portion of walking (especially Tuesday & Friday) so comfortable shoes is recommended.
- For further details please contact the Seneca Museum (315.568.1510 or email to: [admin@senecamuseum.com](mailto:admin@senecamuseum.com))

**PLEASE NOTE: We must have signed forms for ALL children, before they can experience the Summer Camp.**

**SENECA MUSEUM of WATERWAYS and INDUSTRY  
2018 SUMMER CAMP REGISTRATION  
and BOAT RIDE PERMISSION FORM**

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**CHILD'S INFORMATION (PLEASE PRINT):**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

MALE \_\_\_\_ FEMALE \_\_\_\_                      AGE: \_\_\_\_                      DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**PARENT/GUARDIAN:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_                      MOBILE: \_\_\_\_\_

EMERGENCY CONTACT NAME (Backup emergency person): \_\_\_\_\_

PHONE: \_\_\_\_\_                      FAMILY EMAIL: \_\_\_\_\_

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As part of the 2018 Seneca Museum of Waterways and Industry Summer Camp, there will be a boat ride included. This is coordinated with John Kenny/"Canalside Experiences", from Waterloo, NY.

If you wish your child to participate in this activity, we require PARENT/GUARDIAN permission. This form **MUST** be completed, signed, and returned to the Seneca Museum by the first day of attendance at Camp, or in advance to the SENECA MUSEUM of WATERWAYS & INDUSTRY, 89 FALL ST., SENECA FALLS, NY 13148

**LIABILITY WAIVER:**

I, the undersigned, agree to participate or let my child participate in the Seneca Museum of Waterways & Industry program indicated above. I understand and agree that the SENECA MUSEUM of WATERWAYS & INDUSTRY, its Directors and staff, and any other organizers shall in no way be held liable for any injury received while participating in the above named program. I understand that it shall be my responsibility to transport my child/myself to and from this program. I, do hereby, assume all normal risks and hazards incidental to the conduct of the above named program, and further release, absolve, indemnify and hold blameless the SENECA MUSEUM of WATERWAYS & INDUSTRY or any of the personnel appointed by SENECA MUSEUM of WATERWAYS & INDUSTRY.

**PARENT/GUARDIAN or PARTICIPANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**For further information, contact Seneca Museum at (315) 568-1510,  
or VISIT OUR WEBSITE AT [WWW.SENECAMUSEUM.COM](http://WWW.SENECAMUSEUM.COM)**

## Seneca Museum of Waterways & Industry Release Form

Child's Name:

Date of Birth:

### Medical Information in Case of an Emergency

Hospital/Clinic Preference:

Physician's Name and Phone Number:

Please list any health considerations (i.e., Diabetes, Seizures, Respiratory, etc.):

Name(s) of medication to be left with staff during camp hours (to be returned daily to parent/guardian):

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures performed or prescribed by museum staff, emergency medical personnel and/or hospital staff for my child.

### Release for Media Recording

I consent & agree that Seneca Museum of Waterways & Industry, its employees, or agents have the right to:

- take photographs, videotape, or digital recordings of my child(ren), while attending Summer Camp,
- exhibit this work in print and electronic form publicly, and use these in any/all media, now or hereafter known, and exclusively for the purpose deemed appropriate by the Museum.

I understand that:

- I waive any rights, claims, or interest I may have to control the use of my child(ren)'s identity or likeness in whatever media is used,
- there will be no financial or other remuneration for recording my child(ren), either for initial or subsequent use,
- Seneca Museum of Waterways & Industry is not responsible for any expense or liability incurred as a result of my child(ren)'s participation, including medical expenses due to any sickness or injury incurred as a result.

**By signing below, I represent that I have read, understand, and agree to all the above statements, and am competent to execute this agreement:**

Parent/Guardian Name (Print):

Parent/Guardian Name (Signature):

Date: