



# The Delaware River Mill Society's Time Travelers 2011 Registration Form

Fun Filled Week of Nature, History, Historic Games and Crafts  
9 AM to 3 PM Daily ♦ For boys and girls ages 7 to 12

**COST:** \$235 for one week session (includes a family membership to The Delaware River Mill Society)  
\$200 for each additional child in a family  Session runs Monday, July 18 to Friday, July 22

## Participant Information

Camper's Full Name \_\_\_\_\_ Gender (M/F) \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Apt# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Parent/Guardian Information

Parent/Guardian Full Names \_\_\_\_\_  
Address (if different from Camper) \_\_\_\_\_ Apt# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Email \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

## Emergency Contact Information

If, for any reason, you cannot be reached, please provide two alternate names and phone numbers of people we may contact

Name \_\_\_\_\_ Day Phone \_\_\_\_\_  
Name \_\_\_\_\_ Day Phone \_\_\_\_\_

## PERMISSION TO USE PHOTOGRAPHS/VIDEO

I give my consent for the use of the name, photograph, videotape, artwork, picture or likeness of the above-registered camper to promote or encourage young people in attending Time Travelers Camp, including but not limited to newspaper, television, and brochures, and for other purposes of trade or fund development, and I waive the right to approve such uses. Permission is granted to make reasonable and tasteful alterations to such photographs, pictures or likenesses for the purposes mentioned above. I release The Delaware River Mill Society and the Delaware & Raritan Canal State Park from any and all liability.

## STATEMENT OF UNDERSTANDING

I understand that by signing this document I assume responsibility for my child's attendance at ALL sessions of Time Travelers Camp (barring any strenuous circumstances). I understand that my child is not officially registered until ALL required forms have been submitted and the registration fee paid (unless waived).

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Office Use ONLY  
Year: \_\_\_\_\_  
Camper #: \_\_\_\_\_  
Scholarship: Y N

609-397-3586 ♦ DRMS, PO Box 298, Stockton, NJ 08559 ♦ [www.drms-stockton.org](http://www.drms-stockton.org)

*Delaware River Mill Society ~ saving a segment of our history while making it a part of today's community!*



# The Delaware River Mill Society's Time Travelers 2011 Insurance Form

## Insurance Information

---

---

Name of Camper \_\_\_\_\_

Do you have health insurance? (Yes/No) \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Primary Physician's Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

### PERMISSION FOR EMERGENCY MEDICAL TREATMENT

I give permission for emergency treatment for injuries sustained while my child is participating in *Time Travelers Camp 2011* and *Time Travelers Camp 2011* sponsored events. This permission pertains to the site at which the injury occurred as well as emergency transport to a hospital or family health center or until a parent/guardian or emergency contact is available for appropriate decision making.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Office Use ONLY

Year:

Camper #:

Scholarship: Y N



# The Delaware River Mill Society's Time Travelers 2011 Pick-up Form

## Pick-up Master Form

---

---

This form must be completed for each child attending *Time Travelers Camp 2011* and updated if any information changes.

If there is a custody agreement or restraining order that relates to this child, a copy of that order **MUST** be on file with the Delaware River Mill Society before the child may participate in any *Time Travelers Camp 2011* activity.

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date Form Completed \_\_\_\_\_ Original Form \_\_\_\_\_ Updated Form \_\_\_\_\_ SS # \_\_\_\_\_

## Alternate Adults Approved for Pick-up of Child

---

---

Adult's Full Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Adult's Full Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Adult's Full Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## PERMISSION FOR PICK-UP

The adult individuals listed above have my permission to pick-up the aforementioned child when I am not able to do so.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Office Use ONLY

Year:

Camper #:

Scholarship: Y N