

2020 Past Times Camp Registration Form

Destrehan Plantation, 13034 River Road, Destrehan, LA 70047

July 20 – 24, 2020

Complete One Form Per Child

During Past Times Camp, boys and girls will experience Louisiana culture and heritage spanning the years from its earliest inhabitants (i.e., Native Americans) to the Civil War. Old-time games, daily chores of the 1700s and 1800s (e.g., candle making), demonstrations, art, music, dance, reading, and writing will actively engage campers and bring the past to life. Campers must arrive between 9:00 - 9:15 a.m. and be picked up between 2:45 – 3:00. Campers will need to bring a bag lunch each day including extra bottles of water if desired. **Camp tuition is \$175.00 per camper. This includes all supplies needed to complete numerous hands-on activities.** (No refunds will be issued after the camp begins.) The completed registration form and a check payable to Destrehan Plantation must be submitted by June 30th. Destrehan Plantation's mailing address is P. O. Box 5, Destrehan, LA 70047. If you prefer to pay by credit card or for more information, call Rachel Allemand, Heritage Education Coordinator, at (985) 764-9315, ext. 102 or visit www.destrehanplantation.org.

Camper's Name: _____ Date of Birth _____

Names of Parents/Guardians: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: (home) _____ (cell) _____ (work) _____

Email: _____

Pick-Up List: Parents/guardians named above are expected to pick up their child by 3:00 p.m. each day. List below anyone else who may pick up your child. Anyone (including parents) picking up a camper must provide photo I.D. and be listed on this registration form.

Name: _____ Relationship to Camper: _____ Telephone Number _____

Name: _____ Relationship to Camper: _____ Telephone Number _____

Emergency Contact: Parents/guardians will be contacted in case of a medical emergency. List 3 people who may be contacted in case of a medical emergency if the parents/guardians can not be reached:

Name: _____ Relationship to Camper: _____ Telephone Number _____

Name: _____ Relationship to Camper: _____ Telephone Number _____

Allergies, Medications and Special Needs

Known Allergies and Medical Conditions: _____

Does your child need to take medication(s) during camp hours? (Circle one.) Yes No

If your child requires medication during camp hours, please specify. (Note: Camp staff members are not authorized to administer medications. Please contact Rachel Allemand, Heritage Education Coordinator, at (985) 764-9315, ext. 102 by June 30th to make arrangements for administration of medication during camp hours.)

Does your child have a disability that requires an accommodation in order to participate in camp activities? Please explain. _____

List any other information that would be valuable for camp staff to be aware of to make your child's time with us more enjoyable. _____

Release and Waiver Agreement

I hereby release and hold harmless the River Road Historical Society doing business as Destrehan Plantation, its officers, employees, representatives, agents, and volunteers from all liability for personal injury, including death, as well as property damage or loss arising out of my child's participation in Past Times Camp. I understand that this release and indemnification releases liability for the conduct of River Road Historical Society and its officers, employees, representatives, agents, and volunteers.

The undersigned gives permission to the River Road Historical Society dba Destrehan Plantation to use photographs and audio and/or video recordings of the Camp Past Times participating for fundraising and/or marketing purposes (e.g., promotional videos, websites, newsletters).

The undersigned gives permission for their child to participate in any and all activities except those specifically prohibited by the child's parent/legal guardian.

Parent(s)/Legal Guardian(s) Signature(s)

Date