

**\*\*Registration only valid after phone registration on May 20 (members) or May 24 (non-members).\*\***



430 W. Clay Ave.  
Muskegon, MI 49440  
PH 231.722.0278  
FX 231.728.4119  
[LakeshoreMuseum.org](http://LakeshoreMuseum.org)

**Hackley & Hume**  
Historic Site  
484 W. Webster Ave.

**Fire Barn Museum**  
510 W. Clay Ave.

**Scolnik House**  
of the Depression Era  
504 W. Clay Ave.

**Michigan's Heritage Park**  
8637 North Durham Rd.  
Whitehall MI 49461

## Enviroworks 2019 REGISTRATION FORM

Full Name of Child: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

The Enviroworks program will run **July 22-26 from 9:15 - 11:45 am**, Monday through Friday. Arrival time is 9:15 am. Children must be picked up by a parent or guardian at the Lakeshore Museum Center between 11:45 -12:00 pm. Enviroworks and the Museum staff will not be responsible for any child after 12:00 pm (noon).

Please indicate below how your child will be leaving the museum and sign the bottom of this page.

My child, \_\_\_\_\_, has my permission to:

- walk home
- ride home with (name) \_\_\_\_\_
- other (please specify) \_\_\_\_\_

at the conclusion of the Enviroworks program at the Lakeshore Museum Center.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

*Please fill out both sides of this form and return it to the Lakeshore Museum Center by **Friday June 28, 2019** for your child to be registered for Enviroworks.*

**To receive confirmation of registration via e-mail and be updated on upcoming programs and events at the Lakeshore Museum Center please provide your e-mail address:** \_\_\_\_\_

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**ENVIROWORKS  
MEDICAL CONSENT FORM**

Parents: This form is necessary in case of illness or accidents that might occur at this day camp. In general please encourage your children to have good personal hygiene and please do not send an ill child to camp-they could infect others! By signing this form you also understand that there is a general risk involved in sending your child to a community day camp.

AUTHORIZATION by PARENTS for staff to perform minimal first aid as needed during absence of parents.

AUTHORIZATION by PARENTS for another to consent to hospitalization, surgery, or special medical procedures during absence of parents.

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ (city, zip) \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

Emergency Contact (if parent cannot be contacted): \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

WE HEREBY APPOINT: Lakeshore Museum Center  
430 W. Clay Ave. as the person/agency who, during  
Muskegon, MI 49440

my/our absence from \_\_\_\_\_ (child's full name), shall be authorized to consent for all medical and/or surgical treatment and/or special procedures (including by way of illustration and not limitation, administration of anesthesia, blood transfusion, diagnostic tests, etc.) which may be required during our absence, without in any manner limiting the foregoing appointment and authorization. If circumstances permit, I/We would like to have our doctor consulted in connection with such medical and/or surgical treatment and/or special procedures.

\_\_\_\_\_  
(Name of Physician) (Phone)

**List allergies, current medications, or medical conditions:** \_\_\_\_\_

The Lakeshore Museum Center, its officers and personnel and any physician providing care are authorized by the above named to act as appointee with the same force and effect as if personally executed by us. The consent and authorization shall include and extend to all matters for which consent or authorization is required under the policies of the Lakeshore Museum Center. In consideration of the services, which are rendered to the child named above, pursuant hereto, we agree to pay for all such services. This authorization shall be effective **July 22-26, 2019.**

\_\_\_\_\_  
(Signature of Parent or Guardian) (Date)