



THE HUNTINGTON
Library, Art Collections, and Botanical Gardens

HUNTINGTON EXPLORERS SUMMER DAY PROGRAM

Please complete one registration form per Explorer

Please email to: HuntingtonExplorers@huntington.org

To register by mail, complete this form and mail to:

Huntington Explorers, 1151 Oxford Road, San Marino, CA 91108

Questions? Call Explorers Office: (626) 405-3530

Name of Explorer _____ Birth Date _____

Age at Start of Camp (must be 5 years old) _____

Registering Adult _____ Relationship _____

Phone (Day/Cell) _____ Phone (Evening) _____

Address _____

City _____ State _____ Zip Code _____

Email Address _____

Huntington Member, Member Number _____ Society of Fellows Non Member

Week(s) for above Explorer:

DATES:

Full Day Program Only

Week 1 Session: July 11 - July 15
9:00 am – 4:00 pm

Week 2 Session: July 18 - July 22
9:00 am – 4:00 pm

Week 3 Session: July 25 - July 29
9:00 am – 4:00 pm

PAYMENT CALCULATOR:

Huntington Members:

\$350/week x number of weeks = _____

Non Members:

\$400/week x number of weeks = _____

To apply for a Huntington Membership,
please call: (626) 405-2124

PAYMENT:

Check [payable to The Huntington

(Please attach to this form and mail to: Huntington Explorers, 1151 Oxford Road, San Marino, CA 91108)

Credit Card: _____ Visa _____ MasterCard _____ American Express _____ Discover

Card #: _____ Exp. Date _____ Signature: _____



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HUNTINGTON EXPLORERS 2016 – Medical Authorization to Participate

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY. I, AS THE PARENT OR GUARDIAN OF A HUNTINGTON EXPLORER UNDERSTAND THAT: The information requested on this form is intended to help inform The Huntington staff of any pre-existing medical conditions and medications. If your child has a pre-existing medical condition, participation in any strenuous activities or recreation time may not be recommended. The information provided will be kept confidential and only shared with your permission or in an emergency on a need-to-know basis. The Huntington is not responsible for the medical treatment or care of any child. The Huntington requests this information so that, in case of emergency, we can seek appropriate treatment. You are accountable for providing accurate medical information. **Final determination about whether to participate is the responsibility of you, as a parent or guardian, and your child's physician.** If your child has any medical issue that is not requested below, but you think is important, please provide the information.

Child's Name: _____ Age during Camp: _____

Parent/Guardian: _____

Address: _____

City: _____ Zip Code _____

Home Phone: (____) _____ Work Phone: (____) _____

In case parent/guardian cannot be reached, please contact: _____

Relationship to child: _____ Phone: (____) _____

Doctor's name: _____ Phone: (____) _____

HEALTH INSURANCE INFORMATION

Name of primary cardholder: _____ ID Number: _____

Relationship to child: _____ Insurance provider _____

ALLERGIES/MEDICATIONS

Allergies to foods, plants, drugs, or other: _____

Insect bites/stings: _____

Any other medical condition (asthma, diabetes, etc.): _____

Medications child is taking: _____

The Huntington Explorers Coordinator must be notified if medicine is brought to the program. Prescription drugs must be in the original pharmacy containers (with no modifications). The Huntington is not responsible for administration of any medication. All medication must be self-administered by the child. Depending on the medical condition and/or medicine issues, a meeting with staff may be required before participation.



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AUTHORIZATION, WAIVER, AND CONSENT FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

I authorize and recommend self-medication by my child for the following prescribed medications: _____

I affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her physician. I shall indemnify and hold harmless The Huntington, its officers, directors, employees, independent contractors, and agents against any claims that may arise relating to my child's self-administration of the prescribed medication.

Signature of parent/legal guardian: _____ **Date:** _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR AT AUTHORIZED HOSPITAL IN CASE OF EMERGENCY, ILLNESS, OR ACCIDENT

I, the undersigned parent/legal guardian of (print child's name): _____, a minor, do hereby authorize the Coordinator of Huntington Explorers, or any authorized Huntington employee, or independent contractor, as agent(s) for the undersigned to consent to any emergency medical care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act, the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital, or emergency medical personnel, such as Emergency Medical Technicians or trained emergency first-responders.

It is understood that this authorization if given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or emergency medical personnel in the exercise of his/her best judgment may deem advisable.

I further agree that I am fully financially responsible for any and all medical costs incurred by The Huntington during the medical treatment of my child in case of emergency, illness, or accident. I hereby authorize the use of my child's health insurance, the information about which is detailed above, in such situations. However, if the health insurance does not cover the full amount of medical expenses incurred by The Huntington, I agree to pay the remainder of the expenses out-of-pocket.

This authorization shall remain effective through July 29, 2016 unless sooner revoked in writing and delivered to said agent(s).

Signature of parent/legal guardian: _____ **Date:** _____



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HUNTINGTON EXPLORERS 2016 – Conduct Policy

To ensure that everyone participating in our program has a fun and safe experience, we expect all participants to abide by the Huntington Explorers Conduct Policy. Failure to comply with Explorers Conduct policies may result in suspension or expulsion from the program.

1. Huntington Explorers Campers are expected to be respectful of themselves, other campers, interns, instructors, and staff, as well as all supplies, materials, equipment and classroom spaces.
2. To protect and preserve our valuable and beautiful collections for all to enjoy, please do not touch any paintings or objects in the galleries; do not pick flowers and leaves from the gardens unless you have permission. Please do not touch, feed, or pester the animals that call The Huntington home.
3. We ask that Explorers do not bring items that may distract themselves or others, such as mobile phones, toys, electronic games, trading/playing cards, weapons, or tools to camp. The Huntington will provide fun interactive activities during camp hours.
4. Wear comfortable **closed toe shoes** and seasonally appropriate easily washable clothing suitable for walking and creative camp activities. “Roller skate” shoes and sandals are not allowed. Please leave clothing with inappropriate sayings and/or logos at home. Although not required, we encourage you to wear your camp T-shirt, if possible, everyday.
5. It is hot out there! Wear sunscreen and bring a hat and water bottle.
6. Make sure your instructor knows where you are at all times. And please don’t forget to wait with your instructor or staff member at the end of camp until your parent comes and signs you out.

I the parent/guardian of _____ have read the Huntington Explorers Conduct Policy form with my child. We understand our responsibility to abide by the program requirements outlined in this form.

Parent Signature _____

Child Signature _____

Date _____

Please return (1) form for each registered child. Thank you.



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HUNTINGTON EXPLORERS 2016 – Photography Consent & Release Form

Dear Parent,

Please check here:

_____ If NO, I do not give permission to take photographs. Your child will wear a color-coded name badge to alert the photographer. Please provide your signature and the name and age of the child you do not wish to be photographed.

_____ IF YES, please read, fill out and sign:

I, as parent/guardian of the child/children listed below, hereby give permission to the Huntington Library, Art Collections, and Botanical Gardens to take photographs of said child/children during the Huntington Explorers Summer Camp program, July 11 – July 29, 2016, and to use said photographs for institutional publicity purposes, at The Huntington's discretion. Usage of photographs may include, but is not limited to, publication in newsletters, brochures, fliers, posters, and other institutional literature; reproduction on The Huntington's website; and distribution to the media for reproduction in newspapers, magazines, and advertisements for The Huntington. In giving this consent, I release The Huntington from any liability for any violation of any personal or proprietary right I may have in connection with such use.

Signed,

Name of Parent /Legal Guardian

Date

Name of Child

Age

Please list full name and age of the child you do or do not wish to be photographed



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HUNTINGTON EXPLORERS 2016 - Sign-Out Authorization Form

Dear Parents:

If you plan on having someone other than yourself pick-up your child from Explorers, please add them to this form. If we do not have written permission from you, we will not release your child to any individual. Those picking up your child, including parents, will need to show photo identification. If you plan to be the only parent/guardian picking up your child(ren), the top portion is required to be filled out and returned.

If you find after the start of camp that you would like to authorize an additional person to sign-out your child, please give us written permission to release your child to that individual. Thank you!

Child's Name: _____ Age: _____

Parent/Legal Guardian Names: _____, _____

Signatures: _____, _____, Date: _____

Daytime Phone: _____ Mobile Phone: _____

Adult 1

Name:	Relationship to Child:	Telephone: Day/Mobile

Adult 2

Name:	Relationship to Child:	Telephone: Day/Mobile

Adult 3

Name:	Relationship to Child:	Telephone: Day/Mobile

Please return (1) form for each registered child, thank you.