

**Tsongas Industrial History Center, Summer Camp Registration - Summer 2011**

Child's Name: \_\_\_\_\_

Age as of July 1: \_\_\_\_\_ M or F: \_\_\_\_\_

# of weeks attending camp: \_\_\_\_\_

List the title(s) and date(s) attending camp:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

School Attended 2010-11: \_\_\_\_\_

Grade Completed: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

E-mail adress: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_

Daytime Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_

*Emergency Information*

Person to contact in cas of an emergency:

(if Parent/Guardian cannot be reached)

Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

How did you hear about our camp program?

\_\_\_\_\_

The total cost per child for each week of camp is \$175  
sibling discount \$155

To register, please complete and sign this form and return  
it with full payment as soon as possible to: Tsongas  
Industrial History Center, Summer Camp Program, 115  
John Street, Lowell, MA 01852. Make checks payable to  
UMass Lowell.

Space is available on a first-come, first-served basis.  
Refunds will only be granted until May 31.

*Medical Information*

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Any known allergies (food, bee stings, medications,  
etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Concerns/Special Needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I give permission to the above named child to partici-  
pate in the Tsongas Industrial History Center's  
Summer Camp Program and all related activities. My  
child participates at his/her own risk and I shall hold  
the Tsongas Industrial History Center and Lowell  
National Historical Park and its employees harmless  
of any injury or accident.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Photography*

\_\_\_\_\_ I give permission to the Tsongas Industrial  
History Center to use a photograph or video  
of my child in its public information  
materials. (No names will be used.)

\_\_\_\_\_ I do NOT give permission for my child to be  
photographed.

Parent/Guardian Signature: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

For more information, call the  
Tsongas Industrial History Center  
at (978) 970-5080.