



Your History Matters

57 Charlotte Street
Brantford, ON N3T 2W6

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Email: information@brantmuseums.ca

www.brantmuseums.ca

Charitable Registration #: 11881-7113-RR0001

Camper Registration Myrtleville House Museum

Welcome to our camp program at Myrtleville House Museum. To reserve a place in one of our camps, please contact us at 519-752-3216.

To register for Camp at Myrtleville House Museum, please complete the Camper Information Form including which dates (weeks or specific days) your child/children will be attending camp and return with full payment one week prior to attending camp.

Please register by completing the attached forms and send them to the museum.

In addition to the Camper Information Form, we require the following to be completed prior to your child/children attending camp (attached). These forms only need to be completed once per year unless the needs of your child changes.

- Camper Medical Information Form
- Photo Release Consent Form

The completed form(s) can be returned in person, by e-mail at esther.brouwer@brantmuseums.ca, or by mail to:

Myrtleville House Museum
34 Myrtleville Drive
Brantford, ON
N3V 1C2

Before completing and sending in the Camp Registration Form, please contact the museum at 519-752-3216 to confirm that space is available.

We look forward to seeing you at camp!

Sincerely,

Esther Brouwer
Education Officer



Camper Information Form

NAME OF PARTICIPANT(S):

1. _____ Age: _____ Date of Birth _____ M/F
2. _____ Age: _____ Date of Birth _____ M/F
3. _____ Age: _____ Date of Birth _____ M/F
4. _____ Age: _____ Date of Birth _____ M/F

PARTICIPANT INFORMATION:

Name of Parents/Guardians: _____

Address: _____

Postal Code: _____ E-mail Address: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

School Name: _____

In my absence, I authorize the following people to pick-up my child:

Authorization: I agree that as a parent/guardian of a child/children who is/are attending camp at the Brant Historical Society's Myrtleville House Museum location, my child/children will participate in activities on the grounds of Myrtleville House Museum and in off-site activities. I agree that the choice to participate brings with it the assumption of those risks and results that are part of these activities. I agree that the Brant Historical Society, its employees, board members and volunteers, shall not be liable for any injury to my child/children or any loss/damage to my child's/children's' personal property arising from, or in any way resulting from, my child's/children's participation in these activities.

Waiver: In order to participate in the programs offered by the Brant Historical Society, I understand that myself, my children, and all those related to me, release the Brant Historical Society, from all or any claims, damages, costs, expenses and causes of action. Furthermore, I agree to indemnify and save harmless the Brant Historical Society from and against any and all liability incurred as a result of, or in any way connected with, my participation in Brant Historical Society programs including without limitation any claims made or brought on behalf of any claimant.

Signature: _____ **Date:** _____



CAMP REGISTRATION FORM

Day/ Week	Attendance
<i>Week 1: July 12 - 16:</i>	<input type="checkbox"/> Full Week <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
<i>Week 2: July 19 – 23:</i>	<input type="checkbox"/> Full Week <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
<i>Week 3: July 26 – 30:</i>	<input type="checkbox"/> Full Week <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
<i>Week 4: Aug 3 – 6:</i> <i>Homestead Week</i> <i>Tue – Blacksmithing</i> <i>Weds – Textile Demos</i> <i>Thurs – Settler Food</i> <i>Fri – Chores and Games</i>	<input type="checkbox"/> Full Week AM <input type="checkbox"/> Full Week PM <input type="checkbox"/> Tues AM <input type="checkbox"/> Wed AM <input type="checkbox"/> Thurs AM <input type="checkbox"/> Fri AM <input type="checkbox"/> Tues PM <input type="checkbox"/> Wed PM <input type="checkbox"/> Thurs PM <input type="checkbox"/> Fri PM
<i>Week 5: Aug 9 – 13 :</i>	<input type="checkbox"/> Full Week <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
<i>Week 6: Aug. 16 – 20 :</i>	<input type="checkbox"/> Full Week <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
<i>Week 7: Aug.23 – 27 :</i>	<input type="checkbox"/> Full Week <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
<i>Week 8: Aug. 30 – Sept 3 :</i>	<input type="checkbox"/> Full Week <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri

PAYMENT

Total Number of Weeks _____ x \$165/week _____

Total Number of Days _____ x \$35/day _____

TOTAL PAYMENT DUE _____

Payment can be made by cash, cheque (made out to Brant Historical Society), VISA or Mastercard.

THANK YOU!