



Museum Academy 2020

Dear Parents & Guardians,

Thank you for registering your child(ren) at the Corpus Christi Museum of Science and History Museum Academy. Enclosed you will find an informational packet and forms. Please read carefully and return the completed Parent Packet to my email address:

jonathang3@ccmuseum.com

If CCMSH has not received the completed packet by the first day your child or children attend, they will not be eligible to attend.

If you have any questions, please contact me using the information below.

Jonathan Garza
Education Manager
Corpus Christi Museum of Science & History
(361) 826-4661
jonathang3@ccmuseum.com



Quick Start Guide

- Any child being registered for the 2020 Corpus Christi Museum of Science and History (CCMSH) Museum Academy must be in Kindergarten through 6th grade or equivalent program prior to attending, no exceptions will be made. CCMSH reserves the right to request proof for any child(ren) registering for Museum Academy.
- Send your child's belongings in a backpack type bag with their name on each item every day.
- In the backpack should be:
 - Personal Headphones for distant learning session with their teacher
 - Personal laptop or device (labeled) if possible
 - School provided instruction materials and worksheets
 - Supplies your student needs to complete assignments
 - Water Bottle
 - Lunch (if not purchasing from Museum)
- Closed toed shoes only. Closed toed sandals or Crocs are acceptable. Flip flops are not allowed.
- Cell phones, portable game devices, toys or music players are not allowed. If you need to reach your child(ren), you may call the Education Manager at 361-826-4661.
- Students will not be allowed to visit the museum gift shop under the care of CCMSH Staff. CCMSH staff will not hold any child's money and will not be responsible for lost money.
- Lost materials will be stored for one week.
- Please send your child with a lunch every day, if your are not purchasing lunch from the Museum. We will not be able to accommodate any lunches that must be refrigerated or heated, please plan accordingly. CCMSH is a peanut free campus, so please consider this when preparing lunch for your child(ren). We will be providing a morning snack. Please be aware that food restrictions due to allergies may change, but we will notify you if that occurs.
- CCMSH Museum Academy is a closed campus. Parents, guardians or family members may not visit during operation hours without signing the camper(s) out or in the direct supervision of the Education Manager.
- A photo ID is required to pick up any child, every day. No exceptions will be made. If you do not bring an ID, you will be turned away. A state or government issued ID is preferred but we may accept others at the discretion of the Education Manager.



Complete Information Guide

What to bring:

Please place all your child's materials in a backpack or backpack type bag.

Please label all belongings with the child's name.

- Wear comfortable clothes. We recommend sending an extra set of clothes just in case an accident happens.
- Closed toe shoes such as tennis shoes, sneakers, or sandals with a closed toe are the only acceptable footwear. Lab safety is a top priority and due to the nature of our camp NO FLIP FLOPS will be allowed. We will call you if your child is not wearing proper footwear. Unfortunately, if a child is not wearing proper foot wear they may not be able to participate in activities.
- Water bottle. On campus, water fountains are available.
- Please clearly label your child's lunch with his/her name. CCMSH is peanut free for the safety of our staff and other students.
- Sunscreen, bug spray, and a hat
- Please do not send any cell phones, portable game devices, toys or music players with your child. CCMSH is not responsible for any lost or stolen items.
- Medications:
 - Any necessary medications must be given to the Education Manager. All medications will be stored in a locked box except fast acting medications, which will be kept by museum staff. If you wish for your child to carry their own medication, we must have a note from a physician stating the medical necessity.

Lunch

- Please send your child with a lunch every day. Should you wish to purchase a lunch for your child, the cost is \$5 per lunch.
- We are a peanut-free campus. For the safety of all children, no peanut products of any kind can be brought to or consumed at the museum. All lunches will be checked before students begin lunch. If peanut products are found, students will be asked to return the product to his/her lunchbox.
- We will provide students with a morning snack each day and an afternoon snack for those in after care.
- Lunch will be from 12:00 - 1:00.

- Lunch for grades Kindergarten-2nd will begin at 12:00pm and conclude at 12:30pm. For grades 3rd-6th, lunch will begin at 12:30pm and conclude at 1:00pm.



Sign in and out:

- A photo ID must be provided upon pick-up every day. The adult's ID will be compared to the list of approved pick-ups provided by you on a form later in this packet. Please ensure the pickup name matches the individual's ID.
- You will need to drop off and pick up your child in person. Under no circumstances will a child be released to an individual not on the approved pick-up list.
- Regular drop off will be from 7:30am - 7:45am. Regular pick up will be from 3:45-4:00 pm. Pickup will momentarily suspend from 3:00-3:45pm in order to finish the final activities and allow the counselors to get ready for check out. We will not release any children at this time unless it has been prearranged. Any adults arriving before 3:45 pm, will be asked to wait in their vehicles until pickup begins. If you need to pick up your child early you must inform the sign-in staff in the morning so that we can assign a staff to facilitate the early pick up.
- Children must be dropped off by 8:00 am so that online session schedules can begin. We appreciate your punctuality.

Closed Campus Policy:

- CCMSH enforces a closed campus policy. Parents, guardians or family members will not be allowed to join their child(ren) in activities or in the classroom while under the care of CCMSH.
- Parents who are currently volunteering at CCMSH will work with the volunteer coordinator as assigned.



Medical Procedures

All parents must fill out a medical release form for all Museum Academy participants. This will include permission to transport the child to appropriate medical facilities, perform CPR, First Aid, and dispense any prescribed medication. The children will only be given medication by staff members, and only will be given medications that are specifically prescribed for that child. All dosing will be strictly followed according to dosing on the medication. If dosing is different than written on the original container, the parents must provide with a written letter from the physician with the current dosing instructions. All medication must be in its original packaging. Museum staff will not administer any expired medication. If any medications are left behind after the child has attended, reasonable efforts will be made to return the medication to the parents. If medication has not been picked up after 30 days, it will be disposed of properly.

When medication is given, the administrator will fill out the medication record for the student. The record will be kept for one year.

All medications will be kept in a locked box in a secure location. When onsite at CCMSH, the medications will be kept by the Education Manager, except for fast acting, lifesaving medications like EpiPen(s) and inhalers. These medications will be kept with the assigned staff. If you wish for your child to carry their own medication, we must have a note from a physician stating the medical necessity.

All employees are first-aid trained. A first-aid kit will be kept in each classroom, the museum front-desk, and offices.

If a child needs an EpiPen, or if the injury seems to require immediate medical attention beyond first aid, the Education Director will immediately call 911. The child will be transported to the hospital designated on the child's medical form (if no hospital is indicated the default will be Driscoll Children's Hospital), or other medical facility as determined by the EMT staff. Immediately after 911 is called, the Education Manager will call the child's parents and inform them of the situation and let them know where to meet the child. A staff member will ride in the ambulance with the child to the hospital and stay with the child until the parents arrive.

Parents will be notified by letter/email if a communicable disease is contracted by a child or staff member.



Discipline and Guidance Practices

CCMSH programs will not tolerate any of the following: fighting, name calling, bullying of any kind, rough housing, inappropriate sexual activities, or activities that threaten the safety of others. Any activities of this sort will result in disciplinary action for the child.

Disciplinary action will vary depending on the situation but may include:

- Verbal warnings
- Time out for as many minutes as the child is old (age 5=5 minutes out)
- Natural consequences
- Call home to parents
- Suspension
- Expulsion

If two or more incidences requiring parent contact occur within the week, CCMSH may suspend the child.

The suspension and expulsion policies stated above are guidelines. An action of severity may result in suspension or expulsion regardless of prior parental contact or suspensions. CCMSH reserves the right to employ this policy at our discretion.

No refunds will be given for any missed days or weeks due to disciplinary action.



Parent and Child Information

Child Info:

Name: _____

Gender: _____

Grade Level: _____

School student is currently attending: _____

Name of School Teacher(s) _____

Teacher email address _____

Zip code of child's address: _____

in: Race/Ethnicity (*check all that apply*)

Asian

Hispanic/Latino

African American

American Indian or Alaska Native

White (non-Hispanic)

Native Hawaiian and Other Pacific
Islander

Other: _____

Parent Info:

Will you enroll multiple children this program?

No

Yes

Total combined household income for the year of 2019:

\$0 - \$9,999

\$10,000 - \$14,999

\$15,000 - \$24,999

\$25,000 - \$49,999

\$50,000 - \$74,999

\$75,000+



Parent/Guardian Waiver, Release and Indemnification Agreement

The Corpus Christi Museum of Science & History (CCMSH) conducts programs, which include arts and crafts, classroom laboratory science experiments, outdoor research projects, classroom laboratory safety instruction, outside activity, and other activities for children. If you would like your child to participate in Museum Academy, please sign this Waiver, Release, and Indemnification Agreement.

1. To the best knowledge of the undersigned, the child does not have any health restrictions, either mental or physical, that would keep him/her from participating in the Museum Academy program.
2. CCMSH personnel are authorized to give appropriate medical consents and authorizations on the undersigned's behalf with respect to any medical emergency or condition involving the child in connection with the child's participation.
3. The undersigned individually and on behalf of the child hereby releases CCMSH and its respective officers, employees, volunteers and agents (collectively "the releasees") from any liability to the undersigned, the child, his/her personal representatives, assigns, heirs, and next of kin in respect of any and all damage, loss, or cost, and any and all claims or demands therefore, on account of injury, including death, to the child or otherwise, which results from accident or other occurrence in connection with the child's participation in CCMSH programs, whether caused by negligence, except the sole or gross negligence, of any one or more of the releasees or otherwise.
4. The undersigned shall indemnify and hold harmless each of the releasees from any loss, liability, or claim arising in connection with the child's participation in CCMSH programs, including in connection with any injury or death of the child or other loss or cost arising in connection with the child's participation in CCMSH programs, whether caused by negligence, except the sole or gross negligence, of any one or more of the indemnities or otherwise.
5. The undersigned understands and accepts the risks and responsibilities associated with the child being a participant of CCMSH programs and have been given the opportunity to request further information from CCMSH personnel regarding those risks and to explain such risks to the child.



7. The undersigned agrees to accept full financial and legal responsibility for any acts of vandalism or destruction committed by the child.

8. The undersigned gives permission for my child to visit offsite locations with CCMSH Camps. The undersigned understands the undersigned individually and on behalf of the child hereby release CCMSH and visited organizations/locations and their respective officers, employees, volunteers and agents (collectively “the releasees”) from any liability to the undersigned, the child, his/her personal representatives, assigns, heirs, and next of kin in respect of any and all damage, loss, or cost, and any and all claims or demands therefore, on account of injury, including death, to the child or otherwise, which results from accident or other occurrence in connection with the child’s participation in CCMSH programs, whether caused by negligence, except the sole or gross negligence, of any one or more of the releasees or otherwise.

9. The undersigned agrees that any and all material may be published in any manner that the CCMSH deems appropriate and that it may be used for any other purpose that CCMSH may deem appropriate. The undersigned further agrees that the child’s name, likeness, photo, voice and biographical material about them may be used in connection with publicity about the Museum for institutional promotional purposes. The undersigned hereby releases CCMSH, its licensees and assignees from all claims or causes of action that may arise in whole or in part from the broadcast of any other use or promotion of the institution.

10. The undersigned agrees to adhere to all CCMSH program guidelines and policies as described in this packet.

11. The undersigned has read, understood, and voluntarily signed this waiver, release, and indemnity agreement.

12. The undersigned are, in fact, the sole parent(s) or legal guardian(s) of the child and are herein acting in such capacities. The undersigned agree to indemnify and hold each of the releasees harmless from and against any liability, loss, or claim whatsoever, arising by any reason of breach by the undersigned of the foregoing representations and warranties regarding their capacity.

Print Name and Relationship to Child(ren) _____

Child(ren)’s Name(s) _____

Health Form and Waiver Packet

Completion Checklist:

- Completed Health Packet
- Immunization Record
- Allergy, Asthma, Behavior, Emotional, Mental, Social Plan

Immunizations and Physicals must meet the requirements of the Texas Dept. of Public Health.

If your child does not have health insurance or if you need an immunization waiver due to your family's religious beliefs, please provide your state waiver form.

To ensure a successful program experience please include any pertinent information regarding special needs (IEP's, Behavior Plans, medical history) in the form below. We can accommodate on a case-by-case basis in order to establish the best strategy for a great experience!

Please contact your Education Manager for more information.

Student Information

Name: _____ Sex: _____

Birth Date: _____ Grade Entering in the Fall 2020: _____

Address: _____

Name of School / Teacher _____

List guardians/emergency contacts (they will be included in the Release/Pick-up list):

Parent #1/Guardian	Parent #2/Emergency Contact	Emergency Contact
Name: _____	Name: _____	Name: _____
Relationship: _____	Relationship: _____	Relationship: _____
Phone: _____	Phone: _____	Phone: _____
Phone: _____	Phone: _____	Phone: _____
E-mail: _____	E-mail: _____	E-mail: _____

Address of Guardian if different: _____

Restrictions: Program activities are similar to those described on the CCMSH website.

- No activity restrictions.
- Yes, please describe: _____

Health Care Provider: _____ Phone: _____

Name of Practice: _____

Address: _____

Insurance Carrier/Plan Name: _____ **Policy Number:** _____

Subscriber Name: _____ **Relationship to Child:** _____

Date:

Session Group:

Camper Name:

Health History:

Gender Identity: _____ Height in Feet: _____ Inches: _____ Weight (lbs.): _____

Race/Ethnicity (Not required): _____

Medical History: (Explain "Yes" answers in the space below.)

- | | | | | | |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| 1. Have asthma? | Yes | No | 11. Have motion sickness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have diabetes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 12. Ever had back/joint problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have seizures or seizure disorder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 13. Have any skin problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Other recurrent/chronic illness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 14. Have stomach or intestinal issues? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Been hospitalized/had surgery in past 2 yrs.? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 15. If female, problems with menstruation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Ever had a head injury or concussion? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 7. Have severe or frequent headaches? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 8. Passed out/had chest pain during exercise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 9. Had fainting or dizziness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 10. Have frequent bloody nose? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
-

Allergies:

- No Allergies.
 - Yes, Food Allergies. Describe:
 - Risk of Anaphylaxis? (Please attach emergency allergy plan.)
 - Yes, Drug Allergies. Describe:
 - Risk of Anaphylaxis? (Please attach emergency allergy plan.)
 - Yes, Environmental Allergies. Describe:
 - Risk of Anaphylaxis? (Please attach emergency allergy plan.)
-

Diet and Nutrition: No diet restrictions. Vegetarian Vegan Gluten-free Diet
 Other:

Disclaimer: The Corpus Christi Museum of Science and History cannot guarantee any dietary restrictions be honored if participants are utilizing the CCMSH vendor provided lunch program. It is strongly recommended that participants with any threatening dietary restrictions bring their own lunch and snacks.

Mental, Emotional and Social History: (Explain "Yes" answers in the space below.)

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)? Yes No
2. Have a phobia? Yes No
3. Ever been treated for emotional/behavioral difficulties, self-harm, or an eating disorder? Yes No
4. Ever have a need for an aide at school? Yes No
5. During the past year, seen a professional to address mental/emotional health concerns? Yes No
6. Used an individualized education plan (IEP) during the previous school year? Yes No
7. Speak a primary language other than English? Yes No
8. Had a significant life event that continues to affect the child's life? (Recent Divorce, foster care, trauma etc.) Yes No
9. Additional Information (other behavior or physical, mental, emotional, and social health information, etc.) Yes No
10. CCMSH takes great care to welcome and include all students. Please inform us of any emotional, behavioral or sensory notes below, this may include any helpful calm down techniques or triggers we should be aware of. We appreciate any information that may help CCMSH become a great experience for your child(ren):

If a student needs medication to be successful at school, he or she should stay on the medication while at Museum Academy. This complements the American Academy of Pediatrics (AAP) statement. Students taking a medication should be on it for three months prior to attending our programs. This assures there is both a therapeutic blood level of the medication and that the therapeutic effect is present (i.e., the drug is doing what it's suppose to do).

Medications

Please list all medication needed during program hours. Include emergency medications and over-the-counter medications. All medications must be unexpired and in original containers. Prescription medications must include the pharmacy label.

List medication regularly taken **only at home**: _____

Medications at Museum

- No, this child will not be taking any medication at Museum. (Skip to page 4.)
 - Yes, this child will bring medication to Museum Academy.
-

Asthma Emergency Medications:

- No, this child does not have emergency asthma medication.
- Yes, this child needs asthma medication only for respiratory illness and will not be bringing it to the Museum.

- Yes, this child has asthma medication that they will be bringing to the Musuem.
 - Child can self-administer medication
 - Child needs assistance with medication
-

Asthma Medication:

Medication:	Dose:
Strength:	Form? (Drops, etc.):
<input type="checkbox"/> As Needed or Time(s) Given:	Reason for:

Child will also bring: spacer and/or a nebulizer

Allergy Emergency Medications

- No, this child does not have emergency allergy medications.
 - Yes, this child will be bringing EpiPens to camp. **EpiPens must have a pharmacy label.**
 - EpiPen (0.3 mg/0.3mL injection)
 - EpiPen Jr. (0.15 mg/0.3mL injection)
 - Child can self-administer medication
 - Child needs assistance with medication
-

Other Allergy Medication:

Medication:	Dose:
Strength:	Form? (Drops, etc.):
<input type="checkbox"/> As Needed or Time(s) Given:	Reason for:

Medications Needed During Program Hours:

Medication:	Dose:
Strength:	Form? (Drops, etc.):
<input type="checkbox"/> As Needed or Time(s) Given:	Reason for:

Medication:	Dose:
Strength:	Form? (Drops, etc.):
<input type="checkbox"/> As Needed or Time(s) Given:	Reason for:

Medication:	Dose:
Strength:	Form? (Drops, etc.):
<input type="checkbox"/> As Needed or Time(s) Given:	Reason for:

If you need more space to add other medications, please add another page.

Release/Pick-Up

My camper may be released to the following adults (include first and last names):

1. Name:	Relationship:
Phone:	Phone:
2. Name:	Relationship:
Phone:	Phone:
3. Name:	Relationship:
Phone:	Phone:
4. Name:	Relationship:
Phone:	Phone:

The parent/guardian may send a signed note to make changes to this list. People picking up campers must bring a photo ID. If a person not listed above arrives to pick up a child, the child will remain with museum staff until the parent/guardian has been contacted and has given permission for the release. If there are specific people to whom the camper may not be released, please inform the museum in writing.

Medical Waiver and Authorization (agreement is required for participation):

Medical Release: This health history is correct and accurately reflects the known health status of the named child. The child described has permission to participate in all activities except as noted by me and/or an examining physician. I give permission to museum staff to provide routine health care; to administer prescribed or over-the-counter medications as described; and to provide or obtain emergency care and transportation if needed. I give permission to the physician selected by the museum to order x-rays, tests, and treatment related to the health of my child both for routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order and administer medication, injection, anesthesia, X-rays, special procedures, or surgery for this child, if deemed medically necessary. I understand that I am responsible for the cost of any medical care or prescriptions my child requires. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I understand that information on this form will be shared on a "need to know" basis with museum staff.

Medications: Pursuant to Texas law and Corpus Christi Museum of Science and History (CCMSH) policy, I authorize CCMSH's designated healthcare staff to administer as listed above Medications and Asthma or Allergy Emergency Medications, as directed, to my child for whom it was prescribed. I understand that all medications must be approved, seen, and checked by the museum's health supervisor, and each dose monitored by a museum staff member. I understand that all medications must be in their original containers, unexpired, and labeled with specific instructions, including the child's name and dosage, and that any prescription medications must include the full pharmacy label.

Insurance: I certify that the named child is covered by health and accident insurance or Medicaid and that the policy information given is correct.

Off-Site Trips: N/A

Release/Pick-up: I understand the release policy as described and authorize CCMSH to release my child to the people/methods listed on this form.

I, the parent/legal guardian of the named camper, have read, understood, and agree to the above.

Signature of Custodial Parent/Guardian: _____ **Date:** _____

Print Name: _____ **Relationship to Child** _____

Agreement of Terms:

Program: I give permission for my child to participate in all activities similar to those described in this packet. I understand that CCMSH reserves the right to change program activities or instructors and cancel programs, should CCMSH decide in its sole judgment that it is necessary and appropriate to do so.

Expectations/Dismissal: I have informed the Education Manager and other appropriate CCMSH staff of any limitations to my child's participation and agree to abide by CCMSH's sole judgment as to whether my child can be accommodated in the program. I understand that failing to disclose any physical, emotional, or behavioral needs or conditions may result in the child's dismissal from the program without refund. I understand that my child must follow the stated behavior expectations and safety rules and that CCMSH reserves the right in its sole judgment to dismiss without refund any child whose behavior interferes with the rights and safety of others or consistently disrupts group dynamics or activities.

Sun and Bugs: I understand that outdoor exploration may occur as part of CCMSH programs and my child will be exposed to risks including but not limited to sun, ticks, and insects. I understand that it is my responsibility to apply sunscreen and insect repellent to my child before bringing him/her each day. I give permission to CCMSH staff to assist my child in re-applying sunscreen, insect repellent, and topical anti-itch cream.

Payment, Cancellation, and Refund: I understand and agree to the payment, cancellation, refund, and late fee policies as described on CCMSH website.

I have read and agree to abide by the terms and policies listed above.

I, the parent/legal guardian of the named child, have read, understood, and agree to the above.

Signature of Custodial Parent/Guardian: _____ **Date:** _____

Print Name: _____ **Relationship to Child:** _____

Museum Audio/Visual Image Release:

CCMSH uses images and sounds of children and staff participating in CCMSH programs as a way of documenting the enjoyable and educational experiences they have while participating in Museum programs. CCMSH will not identify my child, or will identify my child only by first name and program, unless I give prior written permission to do otherwise.

In consideration of the above, I hereby give my permission and consent to Corpus Christi Museum of Science and History (1) photographing, filming, and video/audio taping my child, (2) using and displaying images and sounds of my child in CCMSH's websites, archives, and promotional or informational material, including, but not limited to, newsletters, brochures, advertisements, and newspaper articles, and I hereby waive and release on behalf of my child and myself any rights to compensation for, or ownership of, such images and/or sounds of my child and the above uses of them by Corpus Christi Museum of Science and History.

I have read this audio/visual image release and agree to its terms and conditions.

Signature of Custodial Parent/Guardian: _____ **Date:** _____

Museum Program Acknowledgement of Risk and Assumption of Personal Responsibility:

CCMSH staff members make every effort to conduct safe programs, to orient and support children, and to inform families of inherent risks. Some activities may involve risks that children do not routinely encounter at home. Risk management is an essential element of all the activities offered. While we anticipate that these efforts will ensure the wellbeing of each child, we are also aware that it is neither possible to foresee every contingency nor to eliminate all risk.

I understand that program activities may include, but are not limited to: playing active games, participating in activities near water, and other activities such as science experiments.

I acknowledge that such risks exist, and I hereby agree on behalf of my child to assume such risks. Further, on behalf of my child, I hereby release and forever discharge, and agree not to sue, and agree to indemnify and hold harmless Corpus Christi Museum of Science and History, and its officers, directors, employees, and volunteers and each of them, from and against any and all liabilities and obligations of every kind and description, which I shall or may have against them or any one or more of them arising out of, or in connection with, my child's participation in the CCMSH program and activities, including, but not limited to, for any personal injury that my child may suffer while participating in the CCMSH program and activities, excepting in the case of gross negligence.

I understand and agree on behalf of my child that my child shares the responsibility for safety during CCMSH programs and activities, and I personally assume on behalf of my child that responsibility.

I understand and certify that my child's participation in the CCMSH program and its activities is completely voluntary, and that I have become familiar with the program activities in which my child may participate, as described in the Agreement of Terms.

Signature of Custodial Parent/Guardian: Print _____ **Date:** _____

Name: _____ **Relationship to Child:** _____