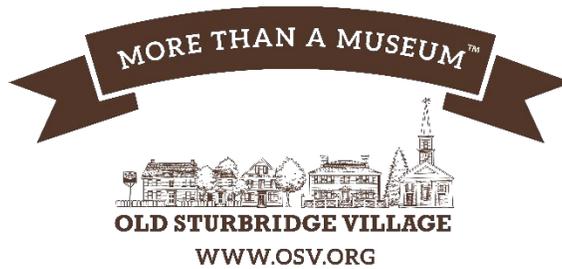


## Old Sturbridge Village Discovery Adventures Registration Packet

Thank you for registering for Discovery Adventures at Old Sturbridge Village! Please complete and return the following forms at least two weeks prior to your Adventure Program. To assist you in finalizing your registration, we have provided you with the following checklist. Please contact us at 508-347-0274 or [osved@osv.org](mailto:osved@osv.org) if you have any questions about the attached forms or any of our Adventure programs.

### **OSV Adventures Check List**

- Register for Adventure program online or over the phone
- Read confirmation email
- Read and complete the following attached forms:
  - Medical Information and Release Form
  - Transportation Permission Form
  - Family Agreement
  - Lunch Enrollment Form (if applicable)
  - Model Release Agreement (must be completed each year)
- \*All forms are required each time your child attends an Adventure program*
- Attach a copy of a medical record, school record, birth certificate, or passport listing your child's date of birth. (If you have provided this for a prior program, there is no need to send a new document.)
- Return all the above forms and documents to the address, fax or email below at least two weeks prior to the program date.
- If applicable, please include a note requesting if your child would like to be placed in the same group as a friend or sibling. (Please note that we will try to accommodate these requests as best as possible when age-appropriate.)
- Gather suggested clothing and food items as noted in your confirmation letter.
- Enjoy your Discovery Adventure!



PROGRAM TITLE \_\_\_\_\_

## Medical Information and Release Form

**Child's Name** \_\_\_\_\_  
first middle initial last

Preferred nickname or pronoun (if applicable): \_\_\_\_\_

Male  Female Birth Date \_\_\_\_\_ Age upon Arrival \_\_\_\_\_

Child's School \_\_\_\_\_

Child's Home Address \_\_\_\_\_  
street city state zip

### Parent/guardian w/legal custody to be contacted in case of illness or injury:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**Preferred Contact Phone #'s** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

### Second Contact

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Preferred Contact Phone #'s (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

### Third Contact

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Preferred Contact Phone #'s (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

**Allergies**

- No known allergies
- Allergies (specify below)

- Food
- Medication
- Environmental factors (insect stings, hay fever, etc.)
- Other

*Please describe what the child is allergic to and the reaction seen – and, please list preventive or emergency medications that this child is prescribed:*

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Does your child carry an EpiPen?  An inhaler?

**Please NOTE** that Old Sturbridge Village staff is not authorized to administer medication of any kind. You or your child must be capable of carrying and administering medical treatment.

**Diet and Nutrition**

- This child has restrictions or special food needs.

*Please describe and list specifics, if necessary:*

- Lactose Intolerant
- Gluten Allergy
- Peanut Allergy
- Food Dyes
- Vegetarian/Vegan
- Other

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I have reviewed the program and activities of this program and feel that the child can participate with the following restrictions or adaptations. *Please describe below:*

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**Physical, Mental, Emotional and Social Health**

*What should we know about your child that will help make their time at Discovery Adventures successful? Old Sturbridge Village is an outdoor environment with lots of different sights, sounds, and people. Your child may encounter activities that are new or unfamiliar to them. Please let us know about your child below so that we can provide them with the best possible experience. For example, does your child have sensitivity to loud sounds? Are there situations that make them particularly uncomfortable or upset? Do they have common fears or concerns? Feel free to contact us by calling (508) 347-0274.*

- ADD
- ADHD
- Autism
- Depression
- OCD
- Panic/anxiety disorder
- This child has experienced a significant life event that continues to affect this child’s life.
- Seizures
- Asthma
- Hearing Difficulties
- Diabetes
- Fainting
- Dyslexia
- Asperger’s Syndrome
- Motor Skill Challenges
- Developmentally Delayed
- Other (describe below)

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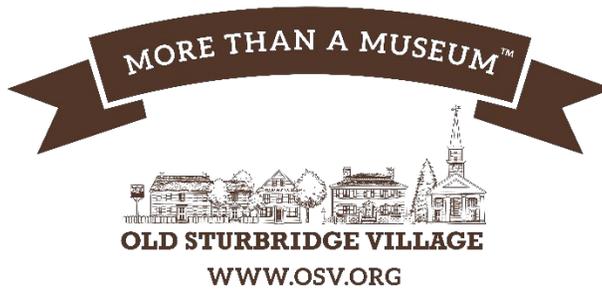


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## Transportation Permission Form

Program Title: \_\_\_\_\_

Program Dates: \_\_\_\_\_

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

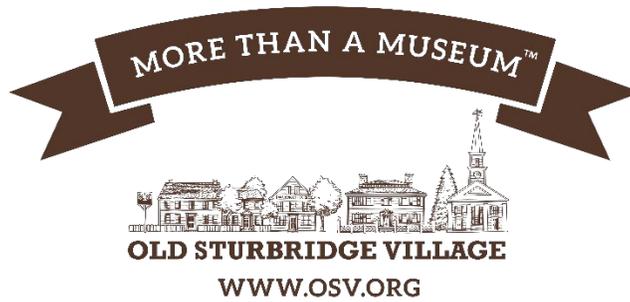
If I am unable to transport my child on any day during this program, my child has permission to go home with the following individuals:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## Old Sturbridge Village Discovery Adventures Family Agreement

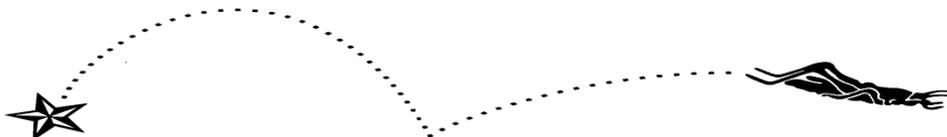
Old Sturbridge Village Discovery Adventures are for children between the ages of 6 and 17. To ensure an awesome, safe, and fun experience for all, we have provided a few guidelines that we need participants to follow. After you read this information with your child, please sign it together!

Children attending agree to observe the following rules:

1. Arrive promptly by 9:00 and be prepared to leave by 3:00
2. Take good care of your costume, if you have one—be careful when you wear it and always hang it up.
3. Be respectful of others at all times—listen politely, talk nicely.
4. Respect other people's property and body (no hitting, kicking, shoving, etc.)
5. Walk when inside.
6. Stay together as a group and stay with your group leader.
7. Keep your area neat and tidy.
8. Remember that Adventurers are representatives of Old Sturbridge Village. Be courteous to everyone you meet.
9. Follow your teacher's and helper's instructions.
10. Electronics (phones, games, iPads, etc.) are not appropriate until your Adventure day ends.
11. Have fun exploring history!

Child's Signature: \_\_\_\_\_

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



## Parents/Guardians of child attending agree to:

1. Observe drop-off and pick-up times.
2. Complete and return all required registration forms.
3. Please apply sunscreen and/or bug spray prior to stepping into the Museum Education building.
4. Prior to camp, inform Discovery Adventures staff of any medical or special concerns.
5. Parents/guardians are responsible for covering the cost of any costume items that need to be replaced due to unusual wear and tear by their child or returned with missing pieces at the end of the week.
6. We ask that families allow children to have an immersive experience in the Village and with their group, and therefore limit their visits with their child during the program.

The Parent/Guardian may be called to pick up their child if the Adventure Teacher and/or Education Coordinator find that the child is sick, or for disruptive behavior. **If the child is unable to follow any of the rules within this Agreement, the following actions will be taken for disruptive behavior:**

**First incident:** The parent/guardian may be contacted immediately. The person picking up the child at the end of the day will receive a written report of the incident.

**Second incident:** The parent/guardian will be contacted immediately. The child may be removed from the group. The parent/guardian may be asked to pick up the child at that time. The parent/guardian will receive a written report of the incident.

**Third incident:** The child will be removed from the group. The parent/guardian will be contacted immediately to pick up the child. The parent/guardian will receive a written report of the incident. The child will not be permitted to return.

I have reviewed the Old Sturbridge Village Discovery Adventures rules with my child and they understand what is expected of them, and I understand my responsibilities as their parent/guardian.

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

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

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

Dates Attending: \_\_\_\_\_



## **MODEL RELEASE AGREEMENT**

I, \_\_\_\_\_, hereby allow Old Sturbridge Village or its representative to take photographs, films or other audiovisual recorded material of my child, \_\_\_\_\_, and use the photographs, film, or other audiovisual recorded material for advertising, publicity, promotion, education programs or other related purposes of the museum without any remuneration to me or my child.

Additionally, I understand that Old Sturbridge Village may incorporate these photographs, films, or other audiovisual recorded material as desired and may authorize others to use these photographs, films or other audiovisual recorded material.

Old Sturbridge Village Inc. shall own the rights, title and interest at any time to the photographs, films, or other audiovisual material without limitations.

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Child's Name Printed

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Parent's Name Printed

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Parent's signature

Date signed