

# 2012 CAHILL SCHOOLMARMS SUMMER DAY CAMP REGISTRATION

www.edinahistoricalsociety.org

Please register my child as a camper in the 2012 Cahill Schoolmarms Summer Day Camp. Camp will run Monday through Thursday from 9:30 to 1:30 for each of three weeks in June, and each week will have the same curriculum. Please indicate a first and second choice of weeks from the scheduled sessions below and then complete camper registration:

\_\_\_\_\_ June 11-14  
\_\_\_\_\_ June 18-21  
\_\_\_\_\_ June 25-28

Child's Full Name \_\_\_\_\_

Grade Child Has Just Completed \_\_\_\_\_ Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**Note:**

- I give permission to Cahill Schoolmarms Day Camp staff to take whatever emergency, first aid, or disaster evacuation measures are deemed necessary for the care and protection of my child while attending camp.
- It is understood that in some medical situations the staff may have to contact local emergency resources. In case of a medical emergency I understand that my child will be transported to the nearest hospital by the local police, rescue squad or ambulance if it is deemed necessary.
- I give the Edina Historical Society and the City of Edina my permission to use photograph(s)/video of my child with no identifying information for news/publicity purposes for the Cahill Summer Camp. Yes (  ) No (  )

Parent's Signature: \_\_\_\_\_

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

Please list friends or siblings who will be attending the camp so we can include them in the same week.

\_\_\_\_\_

Please return with your payment of \$125 (cash or check) to this address.

EHS Cahill Summer Camp  
P.O. Box 390126  
Edina MN 55436