

Elmbrook Historical Society Registration Form

Pioneer Day Camp at the Dousman Stagecoach Inn Museum

1075 Pilgrim Parkway, Brookfield, WI

Dates: Monday, July 28 - Friday, August 1, 2025 Time: 9:15 AM - 3:00 PM everyday

1. Registration begins May 1st through May 31st, 2025
2. Download, complete and mail the form to:
Elmbrook Historical Society at PO Box 292, Brookfield, WI 53008. *OR* complete the form online.
3. Registration is \$75 per child, due with the registration form. You can send a check, payable to Elmbrook Historical Society or complete the credit card information.

Camper's name: Last _____ First _____

Date of Birth: _____ Gender: _____ Grade in April 2025: _____

Parent's/Guardian's Name: _____ Cell phone: _____

Parent's/Guardian's address: _____

Parent's/Guardian's email: _____

Emergency Contact: (other than parent/guardian listed above) _____ Cell phone: _____

Health Information: child will need to be able to walk up/downstairs and be able to hike up to ¼ mile.

Please let us know of any allergies your child may have: _____

If your child requires the use of prescription medication while at camp, you will need to let us know. Medication will only be dispensed from a prescription bottle with the child's name on it, or an EpiPen® with the child's name on it.

I hereby give my consent that, in case emergency care is required and parents/assignee cannot be reached, Elmbrook Historical Society personnel may be authorized to obtain medical treatment for the listed participant at a hospital emergency room via the City of Brookfield Rescue Squad. I understand that Elmbrook Historical Society provides no medical insurance for participants and that the cost thereof will be at my expense.

Signature: _____ Date: _____

Permission:

I, the undersigned, do hereby agree to allow the individual named herein to participate in the activity indicated. I am aware of and understand that there may be risks inherent with participation in any recreation activity, and that the Elmbrook Historical Society does not provide accident insurance and cannot assume responsibility for injury to any participants in its camp programs. I further understand the eligibility requirements and that there is No Refund given unless requested in writing one week prior to the camp start date.

Signature: _____ (parent/guardian) Date: _____

Payment:

_____ Check payable to Elmbrook Historical Society enclosed. Mail form and payment to
Elmbrook Historical Society, PO Box 292, Brookfield, WI 53008

_____ I wish to pay with a credit card:

Name on card: _____

Card number: _____

Zip code: _____ CVV number on back of card: _____

Signature: _____ Date: _____