



Summer's hopping at the Village! Check out these fun and educational summer daycamps...

June 10, 15, or 22, 2011 (pick one)

WAGONS WEST

Be a 19th century Texan for a day! Wagons West is a program of hands-on activities recreating elements of a typical school-age child's day. The children wash clothes using a washboard and lye soap, card wool, grind corn by hand and weave on a child's scale loom. This popular group program is open for individuals on these three days only!

This program runs from 9:00 a.m. until 12:00 p.m. and is designed for kids going into **1st-6th grade**. Cost is only \$15 ...so sign up today!

Registration form is due at least one week prior to the program.

Child's Name _____	Grade level _____	
Your e-mail (for confirmation and reminder) _____		
Program you wish your child to attend (circle one):		
<i>June 10</i>	<i>June 15</i>	<i>June 22</i>
Payment Information:		
You must pay the \$15 program fee (includes craft materials and a snack) at the time of registration. Registration fee is nonrefundable . We accept cash, checks, and most major credit cards (please see enclosed form if paying by credit card). Checks should be made payable to City of Fort Worth—LCV . Registrations will be processed and class spaces awarded on a FIRST COME, FIRST SERVED basis. NO REGISTRATIONS WILL BE TAKEN OVER THE PHONE . You may also fax your completed form and payment (if paying by credit card, only) to 817-392-7610 .		
Please mail completed forms, waivers, and payments to:		
Log Cabin Village Daycamps 2100 Log Cabin Village Lane Fort Worth, TX 76109	General Phone: 817-392-5881 Daycamp questions: 817-392-6769 or E-mail: logcabinvillage@fortworthgov.org www.logcabinvillage.org	
**Please remember—we must receive your registration form and payment at least one week prior to the program!		

Authorization for Emergency Medical Care

(must be signed by parent or guardian)

In the event of an emergency, I, _____,
being the parent or legal guardian of _____,
do hereby authorize Log Cabin Village and the Parks and Community Services
Department of the City of Fort Worth, TX, or any staff member or
representative to give consent for any and all necessary emergency medical care
for my child, _____, while said child is in said individual's
custody. I will be responsible for all emergency care fees.

Parent or Legal Guardian signature

Date

Name of Parent or Legal Guardian (printed): _____

Address _____

Home Telephone: _____

Mobile/alternate telephone: _____

*****Please provide at least two additional names AND telephone numbers to
contact in case of an emergency:*****

1. _____ 2. _____

Please list any dietary/medical conditions/allergies:

Waiver/Release

(must be signed by parent or guardian)

I, _____, being the parent or legal guardian of _____, a minor, in consideration for the City of Fort Worth permitting _____ to participate in activities conducted by Log Cabin Village, Parks and Community Services Department, do hereby FOREVER RELEASE, HOLD HARMLESS, AND INDEMNIFY the City of Fort Worth, its staff, employees, or representatives, Log Cabin Village, and the Parks and Community Services Department from any and all claims, demands, liability, suits, actions or causes of action, which I individually or as parent or guardian of above said minor have against the City of Fort Worth, its staff, employees, or representatives, Log Cabin Village, and the Parks and Community Services Department for property loss or damage, and personal injury, including death, sustained by said minor, or any other damage of any kind or character and any other type of damage which said minor may hereinafter have, arising out of or resulting from, or directly or indirectly attributable to participating in these activities including any and all medical or hospital expenses, doctor bills, nurses' expenses, and drugs.

I hereby assume all responsibility and liability for such damages or injuries sustained by said minor.

This release and indemnification shall be construed as expressly including, but not limited to, alleged acts, omissions, negligence, materials or training, equipment services, or the manner of performance of services of or by the City of Fort Worth, its staff, employees, or representatives, Log Cabin Village, and the Parks and Community Services Department acting officially or otherwise.

I have read this release and fully understand its terms and conditions. I hereby acknowledge that the above named minor has my permission and consent to participate in activities conducted by Log Cabin Village and the Parks and Community Services Department of the City of Fort Worth.

Parent or Legal Guardian signature

Date

Permission for Photographs or Recordings

Thank you for participating in our hands-on activities at Log Cabin Village. We are requesting permission to photograph and/or record your child while participating by:

1. Log Cabin Village and the City of Fort Worth Parks and Community Services staff, their representatives and/or
2. News media (television, newspapers, radio, magazines)

I understand such pictures or recordings may be reproduced, copyrighted, broadcast, telecast, cablecast, published, used in internet pages involving Log Cabin Village and/or the City of Fort Worth Parks and Community Services Department.

I give permission for my child to be photographed and/or recorded.

Parent or Legal Guardian signature

Date

Information for credit card payments
(complete only if paying by credit card)

Name (as it appears on card): _____

Billing Address: _____

Billing Phone: _____

Purchase amount: _____

Card type (circle one):

Visa MasterCard Discover American Express

Card number: _____

Card expiration date: _____

3 or 4 digit security code on the back of the card (far right numbers on signature line): _____

I authorize Log Cabin Village to charge my credit card for the purchase amount named above.

Cardholders' signature

Date