**2017 Winter Science Blast Camp Registration Form**

*Camps are open to children ages 6-12. Please print and complete a separate three-page form for each child you wish to attend camp.*

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_

Date(s) attending camp (please check all sessions you wish for your child to attend):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Before Care (7:30 – 8:50 am)** | **Morning Session****(9am – 12pm)** | **Afternoon Session****(1pm – 4pm)** | **After Care****(4:10 – 6:00pm)** |
| Dec. 21 |  | DO Try This At Home | Ultimate Upcycle |  |
| Dec. 22 |  | Winter Wonderland | Hungry Scientist |  |
| Dec. 26 |  | Lights, Camera, Science! | Design and Destroy |  |
| Dec. 27 |  | RAWWR Dinosaur! | Science Safari |  |
| Dec. 28 |  | Forces of Flight | Junior Astronaut Academy |  |
| Dec. 29 |  | The Light Side of Science | Lens to Another Reality  |  |

**Camp costs:**

\_\_\_\_\_ # Full day sessions (non-member) x $70 = \_\_\_\_\_\_\_

\_\_\_\_\_ # Full day sessions (member) x $60 = \_\_\_\_\_\_\_

\_\_\_\_\_ # Half day sessions (non-member) x $35 = \_\_\_\_\_\_\_

\_\_\_\_\_ # Half day sessions (member) x $30 = \_\_\_\_\_\_\_

\_\_\_\_\_ # Extra care sessions x $15 = \_\_\_\_\_\_\_

**Total $:** \_\_\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Parent/guardian’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SLSC Member name and number (*if applicable*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian’s phone number during camp hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian’s email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CAMPER INFORMATION:**

Please list any known allergies (if none, write “none”): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child carry any medications? If none, write “none”. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other conditions or concerns? If none, write “none”. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALTERNATE PICK-UP/EMERGENCY INFORMATION**

Alternate contact’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate contact’s phone number during camp hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other than the adults listed above, I authorize the following individuals to pick-up/drop-off my child to/from camp:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACKNOWLEDGEMENTS:**

I understand that campers are responsible for the possession and appropriate use of all belongings brought to camp, including cell phones and any other electronics? *(Please initial)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that food will not be provided or available for purchase and that my camper will need to bring his/her own lunch, snacks and refillable water bottle? *(Please initial) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**REGISTRATION INFORMATION:**

Payments may be made by check or by credit/debit card.
Please make all checks payable to: *Saint Louis Science Center.*To make a credit/debit card payment, please call **314-289-4439**.

**Please note we cannot reserve your spot in camp until your registration is complete and full payment has been received.**

Please sign and return the following release form and photo/liability waiver with this registration form. These REQUIRED forms can be sent via mail, email or fax to:

Saint Louis Science Center

Public Programs Department

5050 Oakland Ave

St. Louis, MO 63110

Email: daycamps@slsc.org

Fax: 314-535-0104

Once your payment has been processed, you will receive a confirmation email at the email address you provided on the previous page. This email will go over camp procedures, including camper drop-off and pick-up, as well as a confirmation letter. This letter will serve as your receipt. Please allow up to three business days following receipt of your forms for processing.

**2017-2018 Winter Science Blast Camp Release Form**

**this release applies to all 2017-2018 Winter Science Blast camps your child(ren) may attend.**

**Photo/Video Waiver (optional)**

I give my permission for the Saint Louis Science Center to use photographs and/or video of my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for purposes of publicity or publications, both internally and externally through various media sources, including but not limited to newspaper, magazine, internet and television.

**Liability (required)**

Release is made as of (date) \_\_\_\_\_\_\_\_\_\_\_\_ by the undersigned. I understand and appreciate that participation in the Science Blast Camp(s) involves potential, although highly unlikely, loss or damage to personal property and bodily injury.

In consideration of my being permitted, or my child being permitted, to participate in the scheduled activity, I hereby release and hold harmless the Saint Louis Science Center as sponsor, its commissioners, officers, trustees, employees, affiliates and agents (the “Released Parties”) from any and all actions, damages, claims or demands which I or my child(ren), our heirs, executors, administrators or assigns may have against the Released Parties for all bodily injuries, known misconduct or grossly negligent act, of any of the Released Parties.

I, the undersigned, have read this release and understand its terms. I realize this is a partial release of liability, and limits, to some extent, my rights to sue in the event of any loss or injury, and I execute it voluntarily and with the full knowledge of its significance. I agree to follow, or cause to be followed, all directions of the activity’s leaders.

I understand that cash is not allowed at camp, and my child(ren) will not bring money to camp. My child may bring a cell phone, however my child is solely responsible for the phone’s appropriate use (only during free time). If used inappropriately, phones will be confiscated and returned to parents at the end of the day. A second offense may warrant permanent expulsion from camp and forfeiture of all fees. The Saint Louis Science Center is not responsible for cell phones or other electronic equipment that may be damaged or lost during camp.

I, the undersigned, am the parent or legal guardian of the following named minor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and enter into the foregoing release on the minor’s behalf.

**Signature of Parent/Guardian**

**Date**