



RELEASE AND REGISTRATION FORM

In order to process your enrollment accurately, please complete a separate form for each camper.

Mail Completed forms and payment to:

Saint Louis Science Center, Public Programs Department, Summer Science Blast,
5050 Oakland Avenue, Saint Louis, MO 63110

Telephone registrations cannot be accepted.

For questions about this form, or Summer Science Blast, please call 314.289.4439

REGISTRATION FORM

SELECT YOUR CAMPS

Camp Title	Dates	Time	Tuition
			\$
			\$
			\$
			\$
			\$

Which Parent Open House session will you be attending? June 2 June 23

SUPERVISED BEFORE AND AFTER CARE

Before Care (\$45 x Number of weeks) 7:30am – 9am	\$
After Care (\$45 x Number of weeks) 4pm – 6pm	\$

ADDITIONAL FEES

Free Summer Science Blast T-shirt – MARK SIZE <input type="checkbox"/> Youth S <input type="checkbox"/> Youth M <input type="checkbox"/> Youth L <input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL	
Additional Summer Science Blast T-shirt (\$13) <input type="checkbox"/> Youth S <input type="checkbox"/> Youth M <input type="checkbox"/> Youth L <input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL	\$

ALTERNATE PAYMENTS

If you are using a gift certificate, coupon, or scholarship, please subtract the amount of alternate payment here.	-\$
Total Payment Enclosed	\$

PAYMENT METHOD

Check (Payable to Saint Louis Science Center)

Credit Card

Please call to complete credit card payment over the phone.

314.289.4439

MEMBERSHIP INFORMATION

Member # _____

Level: Science Supporter Individual & Guest Family & Friends Family & Friends PLUS

Family & Friends MAX Please check your membership. Not all levels receive discounts.

Family & Friends PLUS and Family & Friends MAX members are eligible for discounts! Upgrade your membership or join today and get an incredible discount on registration fees for Summer Science Blast as well as a range of other benefits valued at more than \$650! For more information visit www.sisc.org or call Membership Services at 314.289.4491.

REGISTRATION FORM

Student's Name _____

Select Camp Age Level (circle one) 4-5 6-7 8-9 10-12 13-16

Student's Birth Date _____

Allergies (any type) _____

Medications (medications will not be given without written instructions from child's physician)

Medical Conditions or Behavioral Concerns (please list all) _____

Primary Physician _____

Physician Phone _____

Hospital of Choice _____

If you or the physician of your choice cannot be reached, do you authorize our staff to accompany your child to the nearest hospital (circle one) Yes No

Parent/Guardian's Name _____

Address _____

City _____ State _____ Zip _____

Phone # during camp hours _____

Email _____

Emergency Contact Name _____

Contact's Relationship to Child _____

Phone # during camp hours _____

In the event that I cannot drop off or pick up my child for camp, I authorize the following person(s) to do so:

Name _____ Relationship _____

Name _____ Relationship _____

You may add names to this form during camp; notify the group leader. The above person(s) will be required to show proper parking sign for camp.

Signature of Parent/Guardian _____

Date _____

RELEASE FORM

PHOTO RELEASE FORM (OPTIONAL)

I give my permission for the Saint Louis Science Center to use photographs 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 RELEASE FORM (REQUIRED)

Release is made as of (date) _____ by the undersigned. I understand and appreciate that participation in the Summer Science Blast Program 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 cell phones and cash are not allowed at camp, and my child(ren) will not bring a phone or money to camp. Phones and money will be confiscated and returned to the parents. A second offense may warrant permanent expulsion from camp, and forfeiture of all fees.

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 _____

FOR OFFICE USE ONLY

Payment type and amount _____ Date Rec'd _____

Rec'd by _____ Confirmation # _____

YOUR FEEDBACK IS IMPORTANT TO US.

Please tell us where you heard about Summer Science Blast camp:

- We have previously attended Summer Science Blast camps
- From a friend, Science Center staff member, or word of mouth
- While visiting the Saint Louis Science Center
- At a camp opportunities fair or similar event: **Where?** _____

- Advertisement in a print publication: **Which one?** (ex. Alive Magazine, Ladue News, RFT, etc.) _____

- Other (please explain) _____

