# Registration

# Academy Explorers Camp Spring 2013

**Camper Name**_____ **Camper Age** _____

**Parent/Guardian Name**_____

**Email** _____ **Daytime Phone Number**_____

**Evening Phone Number**_____

**Address** _____

_____

**Are you a member of The Academy of Natural Sciences of Drexel University? Circle Yes No**

**Choose session(s)**

☐ **Wednesday, March 20: Crazy Critters**
☐ Before Care ($10) ☐ After Care ($10)

☐ **Wednesday, March 27: Stupefying Science**
☐ Before Care ($10) ☐ After Care ($10)

☐ **Thursday, March 21: Stupefying Science**
☐ Before Care ($10) ☐ After Care ($10)

☐ **Thursday, March 28: Discovering Dinos**
☐ Before Care ($10) ☐ After Care ($10)

☐ **Friday, March 22: Discovering Dinos**
☐ Before Care ($10) ☐ After Care ($10)

☐ **Friday, March 29: Wild Water**
☐ Before Care ($10) ☐ After Care ($10)

☐ **Monday, March 25: Interesting Insects**
☐ Before Care ($10) ☐ After Care ($10)

☐ **Monday, April 1: Interesting Insects**
☐ Before Care ($10) ☐ After Care ($10)

☐ **Tuesday, March 26: Crazy Critters**
☐ Before Care ($10) ☐ After Care ($10)

☐ **Tuesday, April 2: Discovering Dinos**
☐ Before Care ($10) ☐ After Care ($10)

*Each Daily Session:*
$55 for members
($50 for each additional day)

$60 for nonmembers
($55 for each additional day)

*Camp hours are 9 a.m.-4 p.m. each day.*
*However, we offer extended day options.*

*Before Care runs from 8-9 a.m.*
*and After Care runs from 4-5:30 p.m.*

All fees are due in full at time of reservation. Cancellations requested before March 1 will be refunded in their entirety. Cancellations made between March 1 and March 14 will be charged a $15 fee per reservation. No refund will be given to cancellations occurring after March 14.

Sessions with less than 7 campers registered may be cancelled. You will be notified two weeks before the session date and issued a full refund if your session is cancelled.

**I have read and agree to the reservation policies above.**

_____ Signature

_____ Date

Where did you hear about Academy Explorers Camp?

_____

_____

# Medical Form

## Academy Explorers Camp Spring 2013

**Please fill out the form completely, sign, and return as soon as possible.**

We ask that you fill out a separate form for each camper. Please return all forms as soon as possible so that we may be better prepared for a great spring!

**No child may attend camp without a signed Medical Form.**

Camper Name: _____

Camper Birthdate: _____ / _____ / _____ Gender: M F

Parent/Guardian Name: _____

Phone: _____ _____ _____

Daytime Evening Cell Phone

Date of Camper's Last Tetanus Shot: _____ / _____ / _____

Please list camper's allergies:

_____

_____

Are there any medications (daily or emergency) that need to be administered to camper during camp hours? Please list the medications and include specific comments/instructions on the back of this form:

_____

_____

Are there any special conditions or needs (mobility, dietary, emotional, etc.) that camp staff should be made aware of? Please use the back of this form for additional details:

_____

_____

_____ _____

Signature Date

Emergency Contacts (used only if unable to contact guardian)

Name:_____ Relationship:_____

Phone: _____(daytime) _____(evening)

Name:_____ Relationship:_____

Phone: _____(daytime) _____(evening)

# Permission &Release Form

## Academy Explorers Camp Spring 2013

**Please fill out the form completely, sign, and return as soon as possible.**

We ask that you fill out a separate form for each camper. Please return all forms as soon as possible so that we may be better prepared for a great spring!

**No child may attend camp without a signed Permission & Release Form.**

Camper Name: _____

Parent/Guardian Name: _____

Authorized Adults for Pick up:

I give permission for my child to leave Academy Explores Camp with the following adults:

Name: _____ Phone:_____

Name: _____ Phone:_____

Name: _____ Phone:_____

*All Authorized Adults must present photo identification when picking up a camper.*

Alternative Departure:

I give permission for my child to leave Academy Explorers Camp unaccompanied at 4 p.m..

☐ Yes, I give permission. ☐ No, I do not give permission.

☐ Walking ☐ Biking ☐ Public Transportation

Photographic Release

I hereby consent to and authorize the use and reproduction by the Academy of Natural Sciences of Drexel University of any and all photographs that have been taken of me and/or my children for any purpose, without compensation to me. The Academy has full ownership of all photos and prints. The Academy reserves the right to use these photographs in any of its print or electronic publications or advertising.

I am of full age/ I act as the parent/guardian of the minor.

Signature: _____

Date: _____

Name of Minor: (Please Print): _____

☐ I do not consent.

I accept and assume any and all risk of damage to personal property or injuries to my child or children participating in the camp, myself or any other family member. In assuming such risk, I the undersigned hereby release the Academy of Natural Sciences of Drexel University, its officers, agents, employees, and volunteers, and agree to indemnify any or all of them from any and all liability for loss, damage, or injury to any person or property which may be incurred through participation in the Academy of Natural Sciences Explorers Camp.

_____ _____

Signature Date