

Mr. Lee's Space Camp Registration

Please fully complete all blanks, printing clearly

Office Use Only

Rec:

Conf:

| | | | |
|---|--------|---------------------------------|--------------------|
| Camper's Full Name: | | <input type="checkbox"/> Male | |
| Last: | First: | <input type="checkbox"/> Female | |
| Address: | | | |
| City: | | State: | ZIP: |
| Home Phone: () | Age: | Birth Date: | Grade as of 9/2019 |
| Father's Name: | | Daytime Phone: () | |
| | | Mobile Phone: () | |
| Mother's Name: | | Daytime Phone: () | |
| | | Mobile Phone: () | |
| Emergency Contact: | | Daytime Phone: () | |
| | | Mobile Phone: () | |
| Relationship to camper: | | () | |
| Physician's Name: | | Office Phone: () | |
| Camp Dates: | | | |
| <input type="checkbox"/> Space Camp (Grades 2-7, July 8 th – 12 th , 9 AM - Noon) | | | |
| NOTE: Grades are what your student will be entering Fall of 2019 | | | |

Are you willing to be placed on a waiting list if the camp is full?

Yes

No

All Campers must have their own medical coverage. Campers will not be allowed to participate unless the following information is submitted and the form signed by the parent/guardian of the camper.

| | |
|----------------------------|----------------|
| Medical Insurance Company: | Policy Holder: |
| Group Number: | Policy Number: |

Is camper currently taking medications?

Yes No

Does camper have severe allergic reactions that may occur during camp? Yes No

Please list medications and dosage:

Please list severe allergies:

| | |
|----|----|
| 1. | 1. |
| 2. | 2. |

I/We the undersigned hereby certify that I (we) am (are) the parents or legal guardians of the camper and hereby give permission for the staff of the Camp to seek appropriate medical attention for the camper and medical attention to be given, and for the camper to receive medical attention in the event of accident, injury or illness. I/We will be responsible for any and all costs of medical attention and treatment. I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive release and forever discharge the hosting facility, Mr. Lee Wilkinson, his staff, officers, agents, employees, representatives, successors and assigns of and from all rights and claims for damage or loss to persons which may be sustained or occur during participation in Camp activities or while at Camp. I grant permission for photos of camper to be used in brochures, flyers, and the camp web site. I certify that the camper is physically qualified to attend the camp.

Parent Signature:

Date:

Please indicate your email address here: _____
Initial confirmation of enrollment will be via email, unless you indicate otherwise.

| | |
|---|----------|
| Camp Cost | \$125.00 |
| Family Discount Subtract 10% of total camp cost if more than one child is attending camps. (immediate families only) | -\$ |
| Total Owed | = |

Mail completed form with check for the full amount to:

**Mr. Lee's Science Camps
c/o Ashland Christian School
1144 West Main Street
Ashland, OH 44805**

You may also scan and email the form to: info@ScienceMagic.org

Please make out the check to Ashland Christian School

Registration is fully refundable up until May 31st, 2019
After May 31st, 50% will be refunded if you cancel
Send questions to: info@ScienceMagic.org or call 630-346-8810

You **MUST** email Mr. Lee to confirm your registration, even if you mail the form!