

# Mr. Lee's Summer Camps 2020 Registration

Please fully complete all blanks, printing clearly

## Office Use Only

Rec:

Conf:

Check #

Camper's Full Name:

☐ Male

Last:

First:

☐ Female

Address:

City:

State:

ZIP:

Home Phone:

(     )

Age:

Birth Date:

Grade as of 9/2020

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(s) Desired:

- ☐ Space Camp (Grades 2-6, August 3<sup>rd</sup> – August 7<sup>th</sup>, 9 AM – Noon)
- ☐ Space Camp (Grades 2-6, August 3<sup>rd</sup> – August 7<sup>th</sup>, 1:30 – 4:30 PM)
- ☐ Incredible Stuff (Grades 2-6, July 27<sup>th</sup> – July 31<sup>st</sup>, 9 AM – Noon)
- ☐ Incredible Stuff (Grades 2-6, July 27<sup>th</sup> – July 31<sup>st</sup>, 1:30 – 4:30 PM)
- ☐ Slime Ka-BOOM! (Grades 4-8, August 10<sup>th</sup> – 14<sup>th</sup>, 9 AM – Noon)

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

☐ Yes

☐ No

All Campers must have their own medical coverage **OR** medical sharing plan. 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, severe allergies, **OR** any special considerations for your child we should know about:

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: \_\_\_\_\_

Camp Cost	\$195.00
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 Summer Camps**

**135 Travers Ave.**

**Wheaton, Illinois 60187**

You may also scan and email the form to: [info@ScienceMagic.org](mailto:info@ScienceMagic.org)

**Please make out the check to Mr. Lee Wilkinson**

**You may also pay online**

(Click AFTER you have printed out the form, as this will go to a new page and you will lose your typed info)



Registration is fully refundable up until May 31<sup>st</sup>, 2020

After May 31<sup>st</sup>, 50% will be refunded if you cancel

Send questions to: [info@ScienceMagic.org](mailto:info@ScienceMagic.org) or call 630-346-8810

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