

Mr. Lee's Science Camps 2020 Registration

Please fully complete all blanks, printing clearly

Office Use Only

Rec:

Conf:

Check #

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 9/2020
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:			
<input type="checkbox"/> Rocket Summer (Grades 2-7, July 27th – 31st , 9 AM – Noon) <input type="checkbox"/> Incredible Stuff (Grades 2-7, August 3 rd – 7th, 1 PM – 4 PM)			
NOTE: Grades are what your student will be entering Fall of 2020			

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. 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:

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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: \$125

Registration is fully refundable up until July 13th, 2020
After July 13th, 50% will be refunded if you cancel for reasons other than emergencies

Mail completed form with check for the full amount to:

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

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

Please make out the check to Ashland Christian School

Please Note: All appropriate health and safety precautions will be taken, including temperature scans of students at the start of each camp day, sanitizing of work areas, and distancing students as required