

# Science Adventure Camp Registration

This event is a hands-on fun experience for students entering 4<sup>th</sup> – 6<sup>th</sup> grades in the 2019-2020 school year to get fired up about science. This will be our seventh year running the camp. The City of Charlotte, Eaton Conservation District, Eaton County Resource Recovery, and numerous dedicated teachers and science lovers run this event! The event is open to students throughout Eaton County.

Based on the number of reservations, we are hoping to offer both an AM and a PM session. Students will need to check in 15 minutes prior to the session start time to pick up name badges and learn the site for the day. The event will run rain or shine. There are pavilions and the Armory available in case of inclement weather.

Online registration available at:

**When:** June 25<sup>th</sup> – 28<sup>th</sup>, 2019

**Session Preferred** (circle one):      9 AM – 12:15 PM      or      1 PM – 4:15 PM  
Only 75 spaces available for each session.

**Place:** Bennett Park, 1252 South Cochran Ave, Charlotte MI 48813

**Cost:** \$15.00. Please make checks payable to City of Charlotte.

**T-Shirt Size** - Registration must be received by 6/14/19 in order to receive a t-shirt

(circle one):    Youth M    Youth L      Youth XL    Adult S    Adult M    Adult L    Adult XL

**Student Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_      **2019-2020 Grade** (circle one):    4<sup>th</sup>    5<sup>th</sup>    6<sup>th</sup>

**I give permission to Science Adventure Camp to use my child's image online** (circle one):      **YES**      **NO**

**Student's Allergies or Medical Concerns:** \_\_\_\_\_

**Student's Special Needs or Disabilities:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_      **Emergency Phone #:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

A confirmation e-mail will be sent one week prior to camp starting. A reminder email with a schedule of classes will be sent the Friday before camp.

**Who is authorized to pick the student up from Science Adventure Camp? 1.** \_\_\_\_\_

**2.** \_\_\_\_\_      **3.** \_\_\_\_\_      **4.** \_\_\_\_\_

**Printed name of Parent/Guardian:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_      **Date:** \_\_\_\_\_

Send Completed Registrations to:    Science Adventure Camp, 111 E Lawrence, Charlotte MI 48813

**For Office Use Only:**    Amount Received \_\_\_\_\_      Date Received \_\_\_\_\_

# Science Adventure Camp 2019

## PARENTAL/GUARDIAN AUTHORIZATION AND WAIVER OF RISK

### Youth Acknowledgement

I understand that at the Science Adventure Camp and Field Trip, I am expected to follow all the rules as presented by the Camp program facilitator and staff including and not limited to: listening and following safety instructions, no negative comments to other participants, respect for adults in charge and other participants, and positive encouragement given to other participants. I acknowledge that the Science Adventure Camp has/will inform me of all required safety regulations and that my failure to follow the regulations and instructions may result in injury. While participating in this Event, I will accept responsibility for maintaining good conduct and will follow directions of those leading it at all times.

**Signature of Youth:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Parental/Guardian Authorization and Waiver of Risk (must be signed before participating in any event or activity)

I understand that an inhaler for exercise induced asthma, an Epi-pen for severe insect allergies or any other medication needed for a chronic medical condition should be brought with my child to the Camp. As a registered participant, or parent/legal guardian of a registered participant, in the listed activity or event, I am fully aware of and understand the potential risk involved with my, or my child's, participation in this activity. I hereby agree to assume all risk of injury, damage to persons or property, or death resulting from my, or my child's, participation in this Camp and field trip and the use of Science Adventure Camp facilities. I give my child permission to participate in the field trips that will occur on and off campus during Science Adventure Camp. I acknowledge that my child will use various forms of transportation including walking, school bus, charter bus, and public transportation (Metro bus/subway). I do hereby fully release and discharge the Science Adventure Camp, its officers, agents, employees, volunteers, sponsors, and organizers from any and all liability for any injury, including death, damages, or loss that I, or my child, may have or incur as a participant in the listed activity or event, and further agree to indemnify and hold harmless the Science Adventure Camp, its officers, agents, employees, volunteers, sponsors, and organizers from and against any and all liability that may be suffered by me or my child as a result of, or in any way connected to, my or my child's participation in the listed activity or event. This Release, Waiver, and Assumption of Risk shall be binding upon my heirs and dependents.

**Signature of Parent/Guardian** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Photo/Video Authorization

I hereby give my consent for Science Adventure Camp to use photos/video coverage of myself and/or minor child participating in Science Adventure Camp sponsored program or event in future flyers, website, etc.

**Signature of Parent/Guardian** \_\_\_\_\_

**Date:** \_\_\_\_\_