SCIENCE CAMPS of AMERICA

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Science Camps of America is a 501(c)3 non-profit corporation

SPACE CAMP: Mission to Mars

March 19-23, 2018 at Kalaheo High School

Registration Form

Participant			
First Name		Last Name	
Date of Birth		Grade	
Gender	□ Male □ Female	School	
T-Shirt Size	(adult sizes only) □ XS □ S □ M □ L □ XL □ XXL		
Please specify any allergies, dietary restrictions or medications needed:			
How did you hear about Space Camp: Mission to Mars?			
Describe any emotional, behavioral, learning or physical disabilities			
Any other special requests?			

Parent or Guardian			
First Name		Last Name	
Address			
City,State,Zip			
Home Phone		Cell Phone	
Email			

Additional Pickup Authorization #1					
First Name		Last Name		Relationship	
Home Phone		Cell Phone			

Additional Pickup Authorization #2					
First Name		Last Name		Relationship	
Home Phone		Cell Phone			

Medical Information			
Physician		Phone	
Insurance Co.		Policy #	

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CANCELLATION POLICY

The registration fee is due at the time of registration. Registrations will not be accepted without full payment of the registration fee. Campers canceling after February 15 will forfeit all paid registration fees OR Campers canceling after February 15 due to illness, with written doctor's orders, will receive their entire paid registration less a $25 cancellation fee.

PHOTO and VIDEO AUTHORIZATION

I understand that as a participant of Science Camps of America, campers may appear in photographs and videos. I hereby give permission and consent that any such photographs or videos may be published and used by Science Camps of America and the American Camp Association® and its agents, to illustrate and promote the camp experience, Science Camps of America, and its camp programs, or the American Camp Association.

WAIVER AND RELEASE OF LIABILITY

I understand that participation in any Science Camps of America camp (the "Camp") exposes my child to a variety of hazards and risks, foreseen and unforeseen. These hazards and risks include, but are not limited to, serious personal injury, property damage, and death ("Injuries and Damages"). I understand that Injuries and Damages can arise, as a result of negligence or otherwise, from natural causes; physical conditions; activities, which may include but are not limited to swimming, games, and other athletic, nature, travel and recreational activities; and activities of others.

In consideration for my child's acceptance and participation in the Camp and intending to be legally bound, I confirm that: My child's participation in the Camp is voluntary and I and my child voluntarily assume all risks associated with my child's participation in the Camp. I understand that the Camp does not assume any responsibility for any Injuries or Damages arising from or connected with my child's participation in the Camp. My child has had the opportunity to consult with appropriate medical personnel and by virtue of our decision to register for the program(s) I declare that my child is physically fit for participation in the Camp. My child agrees to comply with all applicable rules and policies of the Camp.

This Waiver and Release is intended to be as broad and inclusive as is permitted by law and governed by the laws of the State of Hawaii. If any provision or any part of any provision of this Waiver and Release is held to be invalid or legally unenforceable for any reason, the remainder of this Waiver and Release shall not be affected thereby and shall remain valid and fully enforceable.

MY CHILD, A MINOR, AND I RELEASE AND DISCHARGE SCIENCE CAMPS OF AMERICA, INC., AND ITS OFFICERS, DIRECTORS,EMPLOYEES, RENTAL SITES, CONTRACTORS AND AGENTS FROM ANY AND ALL LIABILITY, AND WAIVE ALL CLAIMS, SUITS AND ACTIONS OF ANY KIND AGAINST ANY AND ALL OF THEM, FOR DEATH, DISABILITY, PERSONAL INJURY, OR PROPERTY DAMAGE, THAT MAY HEREAFTER ACCRUE TO MY CHILD, MY CHILD'S EXECUTORS, ADMINISTRATORS, HEIRS, NEXT OF KIN, AND SUCCESSORS AND ASSIGNS, ME, AND MY EXECUTORS, ADMINISTRATORS, HEIRS, NEXT OF KIN, SUCCESSORS AND ASSIGNS, ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY CHILD'S PARTICIPATION IN THE CAMP. I AND MY CHILD FURTHER AGREE TO HOLD HARMLESS SCIENCE CAMPS OF AMERICA, INC. AND ITS OFFICERS, DIRECTORS, EMPLOYEES, CONTRACTORS AND AGENTS FROM ANY CLAIMS, SUITS AND ACTIONS OF ANY KIND CAUSED BY MY CHILD'S NEGLIGENCE WHILE A PARTICIPANT IN THE CAMP.

I am the parent/legal guardian of my child. I affirm, by virtue of my registration, that I acknowledge that I have read this Waiver and Release and understand it. By registering and paying a deposit, I have therefore read and accepted these policies and this Waiver and Release my child and I are giving up legal rights. I understand that this is a binding legal document.

☐ I have read the above information and accept the terms

_____	_____	_____
Parent or Guardian Signature	Print Name	Date

To submit this completed and signed form:

Mail to Science Camps of America, PO Box 5031, Kaneohe HI 96744

(or) Fax to (808)423-4193

(or) Scan and email to info@scicamp.org