

Science Quest Registration Form

Camper Name: _____

Child

First _____ Last _____ Gender: Male __ Female __
 Grade (as of 2019/20 academic year) _____ Birth date ____/____/____ Age (as of August 31, 2019) _____
 Street Address _____ Town/City _____ State ____ Zip code _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
 Street Address _____ Town/City _____ State ____ Zip Code _____
 Daytime Phone _____ E-mail _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
 Street Address _____ Town/City _____ State ____ Zip Code _____
 Daytime Phone _____ E-mail _____

Emergency Contact Information

Emergency Contact #1

First Name _____ Last Name _____
 Daytime Phone _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____
 Daytime Phone _____ Relation to child _____

Medical Release Information

Insurance Information

Name of Health Insurance Provider _____ Policy Number _____
 Primary Physician _____ Phone _____
 Street Address _____ Town/City _____ State ____ Zip Code _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

***The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.**

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

Camper Name: _____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the **Science Quest Summer Camp** will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **Science Quest Summer Camp**. I understand the photos will be used to keep a journal of activities, to share during presentations and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Science Quest.

Parent's/Guardian's Initials _____

Miscellaneous

The **Science Quest Summer Camp** and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded for any reason. Children's photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Registration, Fees and Payment

Please indicate which weeks your camper will be in attendance.

- | | | |
|---|---|---|
| <input type="checkbox"/> Week 1:
June 17 - 20
Monday - Thursday
9 AM - 12 PM
Fee: \$ 100 | <input type="checkbox"/> Week 2:
June 24 - 27
Monday - Thursday
9 AM - 12 PM
Fee: \$ 100 | <input type="checkbox"/> Weeks 1 & 2:
June 17 - 20 & June 24 - 27
Monday - Thursday
9 AM - 12 PM
Fee: \$ 185 |
|---|---|---|

T-Shirt Size (please circle 1):

Youth XS (2-4) Youth S (6-8) Youth M (10-12) Youth L (14-16) Youth XL (18-20) Adult S Adult M Adult L

*Campers will enjoy a snack break each day. They may bring a snack from home or purchase a snack from the Science Quest Camp.

Payment and registration due on or before Friday, May 10, 2019 to ensure a space at camp and a t-shirt.

Please make checks payable to: **Dona Briggs**

Send (or drop off) registration forms and full payment to: **Dona Briggs**
% WCDS
480 Country Day Rd.
Goldsboro, NC 27530

Please direct your questions to:

Dona Briggs telephone: 919-344-2430 Email: donabriggs@gmail.com

NOTE:

- Science Quest Summer Camp, while held at Wayne Country Day School, is not a camp sponsored by Wayne Country Day School. The organizers of Science Quest Summer Camp operate independently from Wayne Country Day School.
- Science Quest Summer Camp is open to ALL rising K-6 students and does not discriminate on the basis of race, creed, sex, gender, national origin, or physical handicap.