

Emerald Coast Science Center  
31 Memorial Pkwy SW • Fort Walton Beach, FL 32548  
(850) 664-1261 • www.ecscience.org

## Camp Registration Form

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Does your child(ren) have any allergies or medical conditions we should be aware of? \_\_\_\_\_

\_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Class: \_\_\_\_\_

Class: \_\_\_\_\_

Date(s): \_\_\_\_\_

Date(s): \_\_\_\_\_

Pick up list (if different from parent):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you an EC Science Center Member? Yes\_\_\_\_ No\_\_\_\_ Member#\_\_\_\_\_ Expires: \_\_\_\_\_

\_\_\_\_\_ Sign me up for an EC Science Center Membership so I can take advantage of camp discounts

Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_

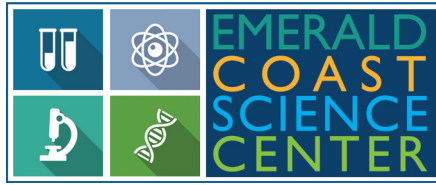
Fee Total: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Payment Method: Cash\_\_\_\_ Check\_\_\_\_ Credit Card\_\_\_\_

*No refunds given less than one week prior to camp start date. Registration Fees are non-refundable.*

*The Emerald Coast Science Center reserves the right to make changes in the program.*





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### **MEDIA RELEASE**

**Please read and sign the following optional media release:**

The Emerald Coast Science Center may use photography and videos of me or my dependants for education, public relations and marketing purposes related to the Emerald Coast Science Center in all forms of media.

(Must be signed by a Parent/Guardian if under 18)

\_\_\_\_\_ Participant Name

\_\_\_\_\_ Signature \_\_\_\_\_ Date

\_\_\_\_\_ Printed Name (If different from Participant)

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### **VOLUNTEER AGREEMENT**

I understand that as a volunteer I am not entitled to monetary compensation for the work I am performing or to workers compensation or group benefits in the event of injury. Please sign below.

(Must be signed by a Parent/Guardian if under 18)

Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_