

# Camp Registration Form - Please Print and Return

Location	Camp Name	Start Date	Child Name	Birth Date	Grade	Cost

## *CONTACT INFORMATION*

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
City State / Zip Code E-mail

\_\_\_\_\_  
Child's School

## *EMERGENCY CONTACT INFORMATION*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Relationship to Camper

## PAYMENT OPTIONS

<input type="checkbox"/> Check	Note: Please make checks payable to the appropriate camps as directed on the schedule page.	
<input type="checkbox"/> VISA		<input type="checkbox"/> MasterCard

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Same as home address

Camp Cost Total: \_\_\_\_\_ Total Amount Due: \_\_\_\_\_

## PHOTOGRAPHY RELEASE

I do hereby grant permission to Mad Science to photograph my child named above, enrolled in a Mad Science Summer Camp. If photographed, my child's photo may possibly be used in promotional media, including printed brochures and Mad Science's web pages. It is Mad Science's policy to never disclose a child's identity without the express written authorization on the child's parents or guardians. Accordingly, my child will not be identified if his or her photograph is used for promotional purposes. All photographs are the property of Mad Science of St. Louis.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICAL RELEASE

I do hereby grant permission to Mad Science Summer Camps and their respective agents and employees to secure such medical aid and hospital services as they deem necessary for the child noted on this form in the event he or she should sustain injury or illness while attending a Mad Science Summer Camp program. I agree to assume the cost for transport and medical treatment in such an emergency situation. I have also indicated below any medical information of which the camp should be made aware in consideration of the child's physical and mental well-being.

Camper's Name: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Health Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family Health Care Information	
Carrier:	Group Name:
Policy Number:	Group Number:
Preferred Hospital:	

## MAD SCIENCE PROGRAM POLICIES

- Enrollment deadline is one week prior to start of program.
- Class size is limited (minimum class size is 12, maximum is 20). If a class fills prior to the registration deadline, enrollment will be closed immediately.
- Additional classes may be added at the discretion of Mad Science.
- There will be one instructor and one assistant assigned to each class.
- Please send a bagged lunch and two snacks (one morning, one afternoon) with your camper.
- If your child will be picked up after Mad Science, you must meet your child at the room location in the designated dismissal time.
- If at least 12 children do not enroll in a particular session, a full refund will be granted. If you wish to withdraw a child prior to the start of a session, a refund for the amount paid minus a \$20 per child non-refundable registration fee will be issued. After the first day of camp, a prorated refund will be given if your child does not wish to continue. You must call Mad Science at 314-991-8000 before the start of the second day of camp to obtain a refund. No refunds will be given after the start of the second day of camp.
- For locations requesting payment made directly to them, registrants will be subject to the rules and regulations of said location.

For more information call Mad Science at 314-991-8000

Please mail pages 1, 2 and 3 of this form and payment to:

**Mad Science of St. Louis, 8420 Olive Blvd. Suite R, St. Louis, MO 63132**