NIHERST – Science Education Vacation Camps
Pop-Up Fun-Days (August 2018) Registration Form

(PLEASE PRINT IN **BLOCK LETTERS**)

CAMPER INFORMATION

NAME OF CAMPER: _____
(First Name) (Middle Name) (Last Name)

AGE: _____ DATE OF BIRTH: ____ /____ /_____ SEX: Male ☐ Female ☐
(dd / mm / yyyy)

MAILING ADDRESS: _____

Please tick the appropriate date(s) and camp(s) that you wish to register your child. (ALL camps are $100/day)

Venue / Age	Date / Name of Camp
NIHERST National Science Centre D'Abadie 7 – 13 years	☐ 13th August - Extreme Phobias
	☐ 14th August - WINtuition
	☐ 15th August - Witches' Brew
	☐ 16th August - Case Crackers
	☐ 17th August - Bright Brains
	☐ 20th August - Your Pet Dinosaur
	☐ 21st August - Galaxy Guardians
	☐ 22nd August - Thor's Thunder
	☐ 23rd August - Mathletes
	☐ 24th August - Creepy Animals
	☐ 27th August - Code This!
	☐ 28th August - Animation Studio
	☐ 29th August - Mission STEMpossible
	☐ 30th August - Now You See Me, Now You Don't

PARENT/GUARDIAN INFORMATION

NAME:
Ms./Mr./Mrs._____
(First Name) (Last Name)

HOME #: _____ CELL #: _____ E-MAIL ADDRESS: _____

CAMPER DROP OFF/PICK UP INFORMATION

	First Name	Last Name	Tel. Contact No.	ID or DP No.
1				
2				
3				

Please indicate in the table above person(s) assigned to drop off/pick up your child to/from the camp venue.

EMERGENCY CONTACT AND MEDICAL INFORMATION

Child's Name:

Alternative Emergency Contacts

_____ _____
Name (Emergency Contact #1) Name (Emergency Contact #2)

_____ _____ _____ _____
Home Phone No. Cell Phone No. Home Phone No. Cell Phone No.

_____ _____
Home Address Home Address

Medical Information

1. Allergies/Special Health Considerations (including respiratory illness/asthma):

2. Has your child ever been hospitalized? If yes, for what?

3. Please specify and state if any medication* is to be administered during camp hours.

(Medications must be labelled and directions clearly stated)

IMPORTANT: PLEASE PLACE CHECK MARK AS HAVING READ EACH STATEMENT

VACATION CAMP DISCLAIMER

- □ Parent/Guardian of Camper agrees that the Camper shall comply with all instructions, guidelines, rules, procedures and requests by NIHERST, its employees and Camp Officials, and agents for the safety, management and operation of the Camp.
- □ NIHERST reserves the right to suspend or expel, without any liability or refund of camp fees, any Camper from the Camp for failure to comply with any instruction, guidelines, rules, procedures or request of NIHERST or its employees and Camp Officials/agents or for any misbehaviour.
- □ Parent/Guardian of Camper understands that NIHERST has arranged for video recording and photographs to be taken of the Camp in action and agrees that the image and participation of the Camper in the Camp, including any project the Camper may be engaged in, may be recorded, filmed and used by NIHERST for educational and promotional use.
- □ Parent/Guardian of Camper hereby waives any claims against NIHERST, its employees, Camp Officials or any other entity associated with NIHERST in the management and operation of the Camp for any injury, damage or loss whatsoever, except where such injury, damage or loss is caused by willful misconduct of an employee of NIHERST or a Camp Official engaged by NIHERST.

REFUND POLICY FOR CANCELLATIONS

□ All applicants who have completed the registration process will not be eligible for 'cash' refunds*

All refund requests MUST be made in writing and submitted with the original receipt to Camp Officials by stipulated periods

I have read the **VACATION CAMP DISCLAIMER, REFUND POLICY FOR CANCELLATIONS** and the **CAMPER'S CODE OF CONDUCT** and agree to the terms/consequences/actions that may be undertaken.

Parent/Guardian's Name **Parent/Guardian's Signature**

How did you hear about Pop-Up Fun-Days?

☐Press Ad ☐Website ☐Email ☐Flyer ☐Word of Mouth ☐Social Media ☐Other: _____

For Official Use Only

Total Camp Fee: $ _____ **Receipt #: _____** **Date: _____**

Camp Official's Name: _____ **Camp Official's Signature: _____**

(BLOCK LETTERS)