



NIHERST Vacation Camps Registration Form 2017

(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: _____

CAMP SELECTED

	Name of Camp	Venue	Date	Cost	Please Tick
<i>Creativity & Innovation</i>	Maker Camp <i>(13 – 17 yrs.)</i>	National Science Centre	10 th – 21 st April	\$450	
	Robo Tech Camp <i>(13 – 17 yrs.)</i>	National Science Centre	10 th – 21 st April	\$450	
<i>Science Academy</i>	Little Monsters <i>(5-6 yrs.)</i>	National Science Centre	10 th April	\$80	
	Eco Trinbago <i>(5-6 yrs.)</i>	National Science Centre	11 th April	\$80	
	Space Cadets <i>(5-6 yrs.)</i>	National Science Centre	12 th April	\$80	
	Colour My World <i>(5-6 yrs.)</i>	National Science Centre	13 th April	\$80	
	I'll Push You Pull <i>(7-9 yrs.)</i>	National Science Centre	10 th April	\$80	
	Recyclabots <i>(7-9 yrs.)</i>	National Science Centre	11 th April	\$80	
	NYAM: The Science behind Ice-Cream Making <i>(7-9 yrs.)</i>	National Science Centre	12 th April	\$80	
	Musicology <i>(7-9 yrs.)</i>	National Science Centre	13 th April	\$80	
	Physics in a Bag <i>(7-9 yrs.)</i>	National Science Centre	18 th April	\$80	
	Foodtastic <i>(7-9 yrs.)</i>	National Science Centre	19 th April	\$80	
	Fun Experiments <i>(7-9 yrs.)</i>	National Science Centre	20 th April	\$80	
	Circus Science <i>(7-9 yrs.)</i>	National Science Centre	21 st April	\$80	
	Art in Geometry <i>(10-12 yrs.)</i>	National Science Centre	18 th April	\$80	
	Volcanology <i>(10-12 yrs.)</i>	National Science Centre	19 th April	\$80	
Young Chefs <i>(10-12 yrs.)</i>	National Science Centre	20 th April	\$80		
Discover Your Superpower <i>(10-12 yrs.)</i>	National Science Centre	21 st April	\$80		

For more information or to register Contact: National Science Centre, D'Abadie: 642-6112 ext 223/225/227.

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.	License Plate/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

- Allergies/Special Health Considerations (including respiratory illness/asthma):
- Has your child ever been hospitalized? If yes, for what?
- 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

- FULL REFUND – No less than seven (7) working days before the start date of the camp.
 - 50% REFUND – No less than three (3) working days before the start date of the camp.
 - NO REFUND – Less than three (3) working days before the start date of the camp
- *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
Name of Camp	

How did you hear about NIHERST camps?

- Press Ad Website Email Flyer Word of Mouth Social Media

For Official Use Only

Total Camp Fee: \$ _____	Payment Method: Cash <input type="checkbox"/> Cheque <input type="checkbox"/> (CHQ # _____ /Bank _____)
Receipt #: _____	Camp Official Signature: _____ Fee Waived/Sponsor: _____ Date: _____