



2017 Summer Camp Registration Form

To be completed by parent or guardian.

1. All required information must be complete before your registration is accepted.
2. Make a copy for your records.
3. Return the completed form with your payment in the envelope provided or return to Mid-America Science Museum. You may also call (501) 767-3461 ext. 115.
4. Make checks payable to the Mid-America Science Museum.
5. Submit one form per child.
6. Registration is complete upon receipt of completed form and full camp payment.
7. Campers may not bring video games, electronic devices including cell phones or caffeinated beverages. (Cell phones, if brought will be kept in the office until the end of the day)
8. Camps will be split into two age groups (6-9) & (10-12).
9. Campers need to bring lunch, 2 snacks and drinks for camp. (Refrigeration is not available at this time)

Drop off times 7:30-8:00 am Pick up times 5:00-5:30 pm.

Camper's Name: _____

Camper's Date of Birth: _____ Camper's Age (at time of camp): _____

Parent / Guardian Name(s): _____

Museum member: Yes No If yes, member ID# _____

Home address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relationship: _____

Contact's Home Phone: _____ Contact's Cell Phone: _____



Please list any adults (18+) who are authorized to pick up your child. (Those picking up the child will be required to come in to the museum and present a valid state issued I.D. to sign out the child.)

Name: _____ Relationship: _____
Home Phone: _____ Alternate Phone: _____
Name: _____ Relationship: _____
Home Phone: _____ Alternate Phone: _____
Name: _____ Relationship: _____
Home Phone: _____ Alternate Phone: _____

Child's Physician: _____ Physician's Phone: _____

Please describe any relevant behavioral information regarding your child so we can accommodate his or her needs to provide the best experience possible:

Does your child require medication If so; list the medication(s):

Dosage _____ Time medication is to be administered: _____
Reason: _____ Side effects: _____

I understand the medication will be handed to a museum educator. I also understand the medication will be kept in a safe place and administered by a responsible adult.

Does your child have any allergies? If so; please list below.

Signature/Printed Name

Check Camp Choices for Ages (6-9) & (10-12)

Date Name - Camp Name

- ___ June 19th -23rd: Tech-recreation
___ June 26th -30th: Experimental Tech



- ___ July 3rd -7th: Weird Science
- ___ July 10th - 14th: Star Trackers
- ___ July 17th -21st: STEAM Days
- ___ July 24th – 28th: Epic Engineering

Fees: \$191.41 per member/\$218.75 for non-members per week. TOTAL: _____

Form of Payment (circle one): Check VISA MC AMEX DISC

Make checks payable to Mid-America Science Museum

Card Number: _____ Exp. Date: _____

CVV: _____ (Card Verification Code)

Billing Zip Code _____

Signature _____

For questions contact or audreyp@midamericamuseum.org.

Mid-America Science Museum,
500 Mid-America Blvd
Hot Springs, AR 71913. Phone (501) 767-3461 ext. #115
Website: www.midamericamuseum.org



General Photo Release Form

I hereby authorize Mid-America Science Museum, hereafter referred to as Mid-America Science Museum, to publish photographs taken on (June 19 - July 28, 2017) of myself and/or the minor child or children listed below, and our names and likenesses, for use in the Mid-America Science Museum’s print, online and video-based marketing materials, as well as other museum publications.

I hereby release and hold harmless Mid-America Science Museum from any reasonable expectation of privacy confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize Mid-America Science Museum to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associate with the takin or publication of these photographs or participation in company marketing materials or other museum publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Mid-America Science Museum, its contractors, its employees and any third parties involved in the creation or publication of museum publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

Authorization:

Printed Name: _____

Signature: _____ **Date:** _____

Street Address:

City: _____ **State:** _____ **Zip:** _____

Relationship to Children:

Name and Ages of Minor Children:

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Name: _____ **Age:** _____