

Spring Camp 2010 Registration Form



Step 1 Participant Information

A separate registration form is required for each child.

Participant Last Name _____ First Name _____ Grade Level / Birth Date _____ M F

Parent/Legal Guardian Last Name _____ First Name _____

Address _____ City _____ State _____ Zip Code _____

Daytime Phone _____ Alternate Phone _____ E-mail Address _____

All confirmations will be emailed. Please check this box if you prefer to have your confirmation mailed to you.

Step 2 Class Dates

Week Long (3/29-4/2/10)

Member: \$250

Non-member: \$290

Class Total: \$ _____

Extended Day Member \$50

Extended Day Non-member \$60

Extended Day Total: \$ _____

For discounted registration become a Member (\$50 Explorer; \$100 Discoverer; \$300 Adventurer; \$500 Pioneer)

Member # _____ Exp. Date _____

Membership Total: \$ _____

Total Fee \$ _____

Step 3 Payment Information

I have enclosed a check payable to the California Science Center Foundation.

Please charge my Visa Master Card American Express JCB Card Discover

Card # _____ Exp. Date _____

Name as it appears on the card _____ Signature _____

Step 4 Health History

Does the child have any of the following conditions? Epilepsy Diabetes Asthma Other _____

Please list all allergies (including food) _____

Please list all medications the child is taking _____

The child is under a physician's care for the following condition _____

Is there anything else we should know to make your child's experience more enjoyable?

Step 5 Participant Authorization

I have read and understand the cancellation and registration policies as stated. I hereby waive all claims against the California Science Center Foundation and its employees or volunteer workers for injury, accident or illness occurring by reason of participation in the camp program. The California Science Center may photograph my child during programs and I hereby consent to use of these photographs in Science Center promotional material. In case of an emergency, I authorize any licensed physician, nurse or hospital to render such medical aid as may be deemed necessary and/or desirable.

Parent/Guardian Signature _____ Date _____

Please mail form to: California Science Center Attn: Spring Camp
700 Exposition Park Drive, Los Angeles, CA 90037 or fax form to (213) 744-2052