

Hands-On Science Camp 2010 Registration Form

A separate form must be used for each participant.

Step 1

Participant Information

INTERNAL USE ONLY: RES # _____

Participant First Name _____	Last Name _____	Fall 2010 Grade Level / Birth Date _____ / _____	<input type="checkbox"/> M	<input type="checkbox"/> F
Parent/Legal Guardian First Name _____	Last Name _____			
Address _____	City _____	State _____	Zip Code _____	
Daytime Phone _____	Alternate Phone _____	email _____		
Emergency Contact (do not list yourself) _____	Phone _____	Alternate Phone _____		

Step 2

Course Selection

Course Name _____	Course Date _____	Time _____	Fee \$ _____
Course Name _____	Course Date _____	Time _____	Fee \$ _____
Course Name _____	Course Date _____	Time _____	Fee \$ _____
Course Name _____	Course Date _____	Time _____	Fee \$ _____

Optional: For discounted registration become a Member (\$50 Explorer; \$100 Discoverer; \$300 Adventurer; \$500 Pioneer) Fee \$ _____
If purchasing or renewing a membership, please attach a separate check for membership payment.

(Current or renewing Members,* please fill out) Member # _____ Exp. Date _____

* Member # needed for registration processing

 **Total Fee \$** _____

Step 3

Payment Information

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

Please charge my Visa Master Card Am Ex JCB Card # _____ Exp. Date _____

Name as it appears on the card _____ Signature _____

Step 4

Health History

Please list health/medical conditions _____

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 _____

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 Hands-On Science Camp. 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** _____
Registrations cannot be processed without signature

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

Please do not send duplicates