



## CAMP MSC SENSATIONAL SUMMER SCIENCE

Thank you for choosing Camp MSC for your summer camp experience. Our camp programs are designed to be engaging, hands-on, challenging, and of course, fun! All full day camps include lunch and have extended care options available. All half day camps include early drop-off options. This packet contains the necessary forms that will complete the registration process for Camp MSC. Please complete all forms and return them at your earliest convenience. Please note that one set of completed forms is required for each camper who is not an adult. If you have any questions, please call the camp office at 410-545-5946.

### **To be returned now:**

- Camp Registration Form
- Medical and Emergency Contact Form
- Copy of current immunization record (if applicable)
- Photography waiver
- Copy of both sides of child's health insurance card
- Extended Care Registration Form (Full Day Campers Only)

**Please Note:** All forms must be on file in the camp office no later than May 31, 2012. Failure to complete the necessary forms and submissions will result in denial of participation and your spot(s) may be given to another camper. There will be no refunds if denial of participation is necessary due to incomplete forms or lack of any forms on file.

**Our refund policy:** Withdrawal from camp sessions prior to April 2, 2012 will result in a full refund minus a \$50 transaction fee. Beginning April 9, 2012 we cannot issue refunds for program withdrawals. The Camp Director reserves the right to deny continued participation due to chronic disruptive and/or unruly behavior. In the rare instance when this occurs, there can be no refunds issued.

### **MAILING INSTRUCTIONS:**

Please mail all completed forms and payment information (if applicable) to:

Camp MSC  
Maryland Science Center  
601 Light Street  
Baltimore, MD 21230



## CAMP MSC PROGRAM REGISTRATION FORM

### GENERAL PROGRAM INFORMATION

Session 1	July 2 - July 6, 2012
Session 2	July 9 - 13, 2012
Session 3	July 16 - 20, 2012
Session 4	July 23 - 27, 2012
Session 5	July 30 - August 3, 2012

### FULL DAY PROGRAMS

### SESSION AVAILABLE

### AGES

Treasure Hunters	1	6-7
Nature Detectives	2	6-7
Look Out Below!	3	6-7
Mix It Up	4	6-7
Sense and Nonsense	5	6-7
Crash, Boom, Bang	1	8-9
The Best Toy Ever	2	8-9
Ecokids	3	8-9
Safety Goggles Required	4	8-9
Method to the Madness	5	8-9
Freaky Physics	1	9-11
Sneaky Secret Agents	2	9-11
Designing da Vinci Style	3	9-11
Machine Mania	4	9-11
Rocket Science, Brain Surgery and Other Easy Stuff	3	11-13
Sci-Fi Science	4	11-13
Xtreme Science	5	11-13

### HALF DAY PROGRAMS

### SESSION AVAILABLE

### AGES

Jammin' in the Jungle	1	4-5
Wonder Works	2	4-5
Seussical Science	3	4-5
3-2-1 Blast Off	4	4-5
Dinosaurs Rock	5	4-5



## PROGRAMS AND FEES (all fees are per participant)

\*Please circle the program in which you would like to participate

FULL DAY PROGRAMS	NON-MEMBER	MEMBER	EXTENDED CARE (8-9am; 4-6pm)
• Treasure Hunters	\$315.00	\$300.00	add \$125.00
• Nature Detectives	\$315.00	\$300.00	add \$125.00
• Look Out Below!	\$315.00	\$300.00	add \$125.00
• Mix It Up	\$315.00	\$300.00	add \$125.00
• Sense and Nonsense	\$315.00	\$300.00	add \$125.00
• Crash, Boom, Bang	\$315.00	\$300.00	add \$125.00
• The Best Toy Ever	\$315.00	\$300.00	add \$125.00
• Ecolids	\$315.00	\$300.00	add \$125.00
• Safety Goggles Required	\$315.00	\$300.00	add \$125.00
• Method to the Madness	\$315.00	\$300.00	add \$125.00
• Freaky Physics	\$315.00	\$300.00	add \$125.00
• Sneaky Secret Agents	\$315.00	\$300.00	add \$125.00
• Designing da Vinci Style	\$315.00	\$300.00	add \$125.00
• Machine Mania	\$315.00	\$300.00	add \$125.00
• Myths Busted	\$315.00	\$300.00	add \$125.00
• Rocket Science, Brain Surgery, and Other Easy Stuff	\$315.00	\$300.00	add \$125.00
• Sci-Fi Science	\$315.00	\$300.00	add \$125.00
• Xtreme Science	\$315.00	\$300.00	add \$125.00

HALF DAY PROGRAMS	NON-MEMBER	MEMBER	EXTENDED CARE (8-9am only)
• Jammin' in the Jungle	\$155.00	\$140.00	add \$50.00
• Wonder Works	\$155.00	\$140.00	add \$50.00
• Seussical Science	\$155.00	\$140.00	add \$50.00
• 3-2-1 Blast Off!	\$155.00	\$140.00	add \$50.00
• Dinosaurs Rock	\$155.00	\$140.00	add \$50.00

TOTAL DUE: \_\_\_\_\_



## CAMP MSC PAYMENT INFORMATION

American Express     Visa     MasterCard     Discover

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

3 Digit Code \_\_\_\_\_ Amount charged to card: \$ \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

Check payable to Maryland Science Center  
(a \$25 fee is charged for any check returned for insufficient funds)

Amount enclosed: \$ \_\_\_\_\_

### MAIL COMPLETED FORMS TO:

Camp MSC  
Maryland Science Center  
601 Light Street  
Baltimore, MD 21230

Name: \_\_\_\_\_ Grade in school (entering): \_\_\_\_\_

Birth date: \_\_\_\_\_

Name of Parents(s)/Guardian(s): \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Camper Address: \_\_\_\_\_

Parent(s)/Guardian(s) Address (if different from above): \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Camper Shirt Size:** (Please circle one)

Youth: 4    6    8    10    12    Adult: S    M    L    XL    XXL

# MEDICAL RELEASE AND EMERGENCY CONTACT FORM



This medical release form must be filled out completely and signed by a parent or guardian. Incomplete forms will not be processed and lack of a signed and completed form will result in a denial of camp participation.

I, \_\_\_\_\_ (parent/guardian) of \_\_\_\_\_ (name of minor child) hereby authorize consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to such minor under the general or special supervision, and on the advice of a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision. In addition, I authorize Maryland Science Center or their authorized adult to transport my child for medical attention if I cannot be reached. I voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Maryland Science Center, its owners, agents, officers, volunteers, and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of service, or otherwise which may arise from participating in summer camps that occur at Maryland Science Center.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Or attach current record of immunizations

## Telephone Numbers

Parent #1 Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Cell: \_\_\_\_\_

Parent #2 Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Cell: \_\_\_\_\_

Guardian Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Cell: \_\_\_\_\_

List any allergies and treatment required: \_\_\_\_\_

List any medications your child will be taking, including the correct dosage (our staff cannot administer medication): \_\_\_\_\_

List any health conditions that we should know about: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Telephone: \_\_\_\_\_

Emergency Contact #1 (name and phone #): \_\_\_\_\_

Emergency Contact #2 (name and phone #): \_\_\_\_\_

## PERSONS AUTHORIZED FOR PICKUP

Please list any and all names of persons authorized to pickup campers. **Only those listed will be able to pick up a camper – we will not release campers to anyone not on this list. There can be no exceptions.** All authorized persons must show I.D.

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_



## CAMP MSC SENSATIONAL SUMMER SCIENCE

### PHOTO/VIDEO/MEDIA RELEASE FORM

I understand that images – still and/or moving—of my Camp MSC participant may be captured and used for promotional purposes and/or publicity efforts. I understand that these images may be used in a publication, advertisement, electronic media, or other forms of promotion and publicity. I understand that at no time will names ever be associated with any images that may be used for stated purposes. I release Maryland Science Center, its directors, employees, and representatives, and its agents from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that I have no right to compensation – monetary or otherwise – for allowing use of said images for stated purposes.

Name of Camp MSC Participant: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### **MAIL COMPLETED FORMS TO:**

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Maryland Science Center  
601 Light Street  
Baltimore, MD 21230

# EXTENDED CARE REGISTRATION FORM

(Full Day and Half Day – Additional Fee Required)



Name of Extended Care Participant: \_\_\_\_\_  
Birth Date of Extended Care Participant: \_\_\_\_\_  
Session #(s) when utilizing Extended Care: \_\_\_\_\_

## CONTACT INFORMATION

Parent/Guardian Name: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

## PERSONS AUTHORIZED FOR PICKUP FROM EXTENDED CARE

Please list any and all names of persons authorized to pickup campers from extended care. Only those listed will be able to pick up a camper – we will not release campers to anyone not on this list. There can be no exceptions. All authorized persons must show I.D.

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

## EXTENDED CARE HOURS AND LATE FEES

Extended Care is available with prior sign-up and payment from 8:00 to 9:00 a.m. and 4:00 to 6:00 p.m. Please do not drop off campers prior to 8:00 a.m. Authorized persons who fail to make the 6:00 p.m. pickup deadline will be subject to the following:

A member of the Camp MSC staff will be required to wait with your camper until you or a designated person on your Extended Care Registration Form arrives to retrieve your camper. As this means that staff will remain past the normal operating hours you will be charged an additional fee of \$30 for every 15 minutes or any portion thereof that you are late past 6:00 p.m. There can be no exceptions to this policy – please make plans to arrive on time to pick up your camper.

## MAIL COMPLETED FORMS TO:

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601 Light Street  
Baltimore, MD 21230



## CAMPER HEALTH HISTORY

Child's name: \_\_\_\_\_

The following information is required for a camper to be admitted to day camp:

### CAMPER IMMUNIZATION INFORMATION

All campers must be current on all immunizations, see [www.EDCP.org](http://www.EDCP.org) (Immunization).

1. Provide date (month and year) of camper's last tetanus (or DTP) shot: \_\_\_\_\_
2. Is the camper currently enrolled in a Maryland school, public or private?  
 YES, provide name of Maryland school: \_\_\_\_\_  
 NO, provide a copy of immunizations confirming that the child has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule. See [www.EDCP.org](http://www.EDCP.org) (Immunization) information.
3. Is the camper exempt from any immunization on medical or religious grounds?  
 YES, provide a signed copy of Maryland Department of Health and Mental Hygiene Immunization Certificate from either a licensed physician indicating that they object to immunizations for religious reasons.  
 NO

### CONTACT INFORMATION:

Parent or Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Camper's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

HEALTH INFORMATION: Provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive:

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Parent or Legal Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**USE THIS PAPER TO MAKE A COPY OF CAMPER HEALTH CARD**