

Summer Day Camp Registration Form

(Please register each child separately)

Member's name: _____

Member's #: _____

Address: _____

Daytime phone: _____

E-mail address: _____

Participant's Name: _____

Date of Birth: _____/_____/_____

Session: _____ Fee: _____ Second Choice: _____

Session: _____ Fee: _____ Second Choice: _____

Session: _____ Fee: _____ Second Choice: _____

Camp Fee Total: _____

Before- and after-care is available for all sessions at \$10 per hour. By signing below you agree to accept the charges for any before- and after-care fees that apply and will be automatically billed for them at the end of each session. If you pick up or drop off your child at any length of time outside of the camp day hours it will be rounded up to the half-hour.

My check is enclosed

Please charge my: Visa MasterCard AMEX

Card # _____ - _____ - _____ - _____ Exp. Date _____

Signature _____

..... Health History

Does your child have the following conditions?

Epilepsy Diabetes Asthma Other _____

Please list all allergies (including food) _____

Please list all medications your child is taking _____

Does your child have any special needs? _____

Would you like to be placed on an e-mail list that will be sent to all participants interested in arranging a carpool? Yes No



Participants are enrolled on a first-come, first-served basis. If a program is full, registrants not immediately enrolled will be placed on a waiting list and notified in the event of a cancellation. There is a nonrefundable deposit required for every session. A written notice of cancellation is required (4) weeks prior to the session start date in order to receive a full refund minus a \$50 nonrefundable deposit per session. If a cancellation is made between two and four weeks prior to the session start date, half of the payment will be refunded minus the processing fee. The Exploratorium will not refund payments for cancellations received less than (2) weeks before the session start date.

Please mail this application to:

**Exploratorium
Membership Services
3601 Lyon Street
San Francisco, CA 94123**

**or fax it to (415) 353-0407
(credit card payments only)**

Updated Dates and Enrollment

Session	Dates (Mondays–Fridays)	Ages	Camp Day	Optional Extended Care	Cost
One	July 13–July 24	7–10	9 a.m.–4 p.m.	8:30 a.m.–9 a.m. 4 p.m.–5:30 p.m.	\$600
Two	July 27–Aug. 7	7–10	9 a.m.–4 p.m.	8:30 a.m.–9 a.m. 4 p.m.–5:30 p.m.	\$600
Three	Aug. 10–Aug. 21	7–10	9 a.m.–4 p.m.	8:30 a.m.–9 a.m. 4 p.m.–5:30 p.m.	\$600
Four	July 13–July 17	11–14	9 a.m.–4 p.m.	8:30 a.m.–9 a.m. 4 p.m.–5:30 p.m.	\$300
Five	July 20–July 24	11–14	9 a.m.–4 p.m.	8:30 a.m.–9 a.m. 4 p.m.–5:30 p.m.	\$300
Six	Aug. 3–Aug. 7	11–14	9 a.m.–4 p.m.	8:30 a.m.–9 a.m. 4 p.m.–5:30 p.m.	\$300
Seven	Aug. 10–Aug. 14	11–14	9 a.m.–4 p.m.	8:30 a.m.–9 a.m. 4 p.m.–5:30 p.m.	\$300
Eight	Aug. 17–Aug. 21	11–14	9 a.m.–4 p.m.	8:30 a.m.–9 a.m. 4 p.m.–5:30 p.m.	\$300
Nine	Aug. 10–Aug. 21	5–6	9 a.m.–2 p.m.	8:30 a.m.–9 a.m. 2 p.m.–5:30 p.m.	\$450

Exploratorium 2009

Release and Policy Form

Please Read Carefully and Sign

The Exploratorium requires that we have documentation verifying that each child's parents understand and accept our policies on the following issues. Please read the policies listed and sign your name on the reverse side to indicate your understanding of these policies.

- **Special Concerns** – Prior to the time of registration, any behavioral problems or special physical, emotional, psychological, or medical needs, including allergies, should be identified or discussed with the camp director.
- **Medical Treatment** – The Exploratorium does not normally administer any medication and will do so only when directed in writing by the child's parent or guardian. However, in the event of an emergency in which the parent cannot be contacted, emergency medical staff and the Exploratorium may take appropriate action in the best interest of the child.
- **Photography Waiver** – By signing this form, the parent permits the Exploratorium to use pictures of their child as a program participant in promotional literature published and used by the Exploratorium, including but not limited to, newsletters, magazines, brochures, and our Web site.
- **Cancellation and Refunds** – I understand that the Exploratorium requires written notice of cancellation (4) weeks prior to the session start date in order to receive a full refund minus a \$50 nonrefundable deposit per session. If a cancellation is made between (2) and (4) weeks prior to the session start date half of the payment will be refunded minus the deposit. The Exploratorium will not refund payments for cancellations received less than (2) weeks before the session start date.
- **Lost Items** – I understand that the Exploratorium is not responsible for any personal items lost or stolen at our programs. We recommend writing your child's name on all personal items.

Exploratorium Permission for Medical Treatment

I authorize the Exploratorium to arrange for transportation in case of an accident or acute illness of my child. In the event it is impossible to receive instruction for my child's care, consent is given to any licensed physician and/or surgeon called or to whom my child is taken, for treatment by him/her to administer drugs and medication, and to perform such surgical treatment as s/he shall think the existing emergency requires for pain relief and/or preservation of my child's life, and/or health and well being. Cost incurred for treatment of such illness or accident will be processed through my insurance prior to submitting a claim to the Exploratorium. The authorization and consent for treatment is given to the Exploratorium in conjunction with any authorized event.

Release and Waiver of Liability and Indemnity Agreement:

IN CONSIDERATION of being permitted to utilize the facilities, services, and programs of the Exploratorium (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any offsite program affiliated with the Exploratorium, the undersigned, for himself/herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees, and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises, facilities and equipment and that participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts them as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE EXPLORATORIUM FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE EXPLORATORIUM, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH PARTICIPATING CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the Exploratorium, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all claims and liability to the undersigned

or such children and each of their personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such child, whether caused by the negligence of the releasees or otherwise, while the undersigned or such children are in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the Exploratorium. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the Exploratorium premises or in any way observing or using any facilities or equipment of the Exploratorium or participating in any program affiliated with the Exploratorium, whether caused by the negligence of the releasees or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to the negligence of releasees or otherwise while in, about or upon the premises of the EXPLORATORIUM and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Exploratorium.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that, if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, agreements, or inducements apart from the above written agreement have been made.

I HAVE READ THIS RELEASE AND PROGRAM POLICY FORM. I UNDERSTAND AND AGREE TO THE RELEASE AND POLICIES STATED ABOVE.

Parent Signature: _____

Print Name of Parent: _____

Emergency Phone Number

Print Name of Child/Children in Program: _____

Date: _____

Additional Comments: