



# Science Discovery

UNIVERSITY OF COLORADO **BOULDER**

## Camp Registration Form

Phone: 303-492-7188 Fax: 303-735-6443

Email: [scidisc@colorado.edu](mailto:scidisc@colorado.edu)

3400 Marine St. Boulder, CO 80309

**Please complete one form for each child to be registered.**

**Parent/Guardian Name:** \_\_\_\_\_

Relationship to student: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Parent/Guardian: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

### Emergency Info

Alternate Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**Please complete one form for each child to be registered.**

**Name of Student:** \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Behavioral Issues: \_\_\_\_\_

\_\_\_\_\_

Camp Name and Location	Camp Date and Time	Fee
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Would you like us to provide supervised lunch?\* YES NO

**\*Please note: Supervised lunch is only provided to those students on the CU Boulder or Community College of Denver campuses that are enrolled in BOTH an AM and PM camp on the same day.**

Please list any life-threatening allergies:\*\* \_\_\_\_\_  
\_\_\_\_\_

I am requesting that this camp be nut-free for safety:    YES        NO

Please list any medications that will need to be administered by CU Science  
Discovery staff:\*\* \_\_\_\_\_

Additional Notes (assistance with special needs, non-life threatening allergies, etc):  
\_\_\_\_\_  
\_\_\_\_\_

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

Doctor's Phone: \_\_\_\_\_

Are you a CU/UCD/CCD affiliate (student, faculty, staff)?    YES        NO

Department Affiliation: \_\_\_\_\_

Are you a CU Alumni:    YES        NO

**\*\*If your child has any life threatening allergies or medication administration needs, please complete the appropriate forms and fax, email or submit them in person to CU Science Discovery upon registration. Any student who may require treatment for allergies or asthma or who may need medication administered during a CU Science Discovery program must have an approved Medical Care Plan on file. Plans will not be accepted upon arrival to camp. Signed forms must be submitted to CU Science Discovery immediately upon registration and **no later than 20 business days prior to your child's camp start date**. Failure to submit these documents within the specified timeframe may result in your child 's registration being cancelled. In this case, no refund will be issued.**

**PLEASE READ CAREFULLY BEFORE INITIALING AND AGREEING TO TERMS. THIS DOCUMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.**

**LIABILITY RELEASE FOR ALL CU SCIENCE DISCOVERY PROGRAMS:**

I understand that, while CU Science Discovery is committed to thorough supervision of all camp activities, there are inherent risks in attendance at summer camp. I understand and assume all associated risks of personal injury or loss, bodily injury (including death), damage to, loss, or destruction of any personal property occurring in connection with or arising out of Participant student's participation in a CU Science Discovery program.

I hereby release and discharge, indemnify and hold harmless The Regents of the University of Colorado, a body corporate, and its member officers, agents, employees and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities,

against all claims, demands, costs and expenses, and causes of action whatsoever, either in law or equity, arising out of or in any way connected with any loss and/or bodily injury and/or disability, arising from participation in a CU Science Discovery program.

I authorize, in a medical emergency, after reasonable effort has been made to notify me, that CU Science Discovery Camp staff may seek emergency assistance and medical treatment for Participant student at the parent/guardian's expense. I certify that I have adequate insurance to cover any injury or damage Participant student may cause or suffer while participating, or I agree to bear the costs of such injury or damage myself.

### **SUMMER CAMP TERMS AND CONDITIONS:**

#### **1. CANCELLATION/REFUND POLICY**

CU Science Discovery has designed its cancellation policy to minimize the number of camp spots that are unused due to last-minute cancellations.

Cancellations made more than 15 business days prior to the start of the camp will incur a \$35 administrative fee. NO refunds will be given for cancellations made within 15 business days of the start of the camp. In the event that a camp is cancelled by CU Science Discovery, registrants will receive a full refund.

Transfer requests made up to 15 days prior to the start of the camp will incur a \$15 administrative fee. Transfer requests made within 15 business days will incur a \$35 administrative fee.

Please note: CU Science Discovery reserves the right to remove any student from the program if s/he displays any behavior that is harmful to others and/or disruptive to the camp.

#### **2. AGE POLICY**

Students must be **at least 5 years old** to attend a CU Science Discovery camp. Please respect the stated age guidelines and only register your child(ren) for camps in their age group. Falsifying this information may result in your child being dropped from a camp.

#### **3. MEDICATION POLICY**

Any student who may require medication for allergies or asthma during a CU Science Discovery program must have an approved Medical Care Plan on file. Please download the relevant form(s) attached to your confirmation email. Signed forms must be submitted to CU Science Discovery immediately upon registration and **no later than 20 business days prior to your child's camp start date**. Failure to submit these documents within the specified timeframe may result in your child's registration being cancelled. In this case, no refund will be issued.

Having had sufficient time to review and seek explanation of the provisions contained above, by agreeing to the terms of CU Science Discovery and marking my initials, I voluntarily give consent and agree to the above Informed Consent, Permission, Release, Assumption of Risk and Summer Camp Terms and Conditions.

INITIALS\_\_\_\_\_

**PHOTO RELEASE:**

Participants in University of Colorado events are sometimes photographed and videotaped for use in promotional and educational materials. I understand that, if I provide consent herein, such audio, video, film and/or print images of Participant student may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted in any form and manner without payment of fees. I authorize the University of Colorado to record and photograph Participant student's image for research, educational and promotional purposes.

☐ YES

☐ NO

**PAYMENT INFORMATION**

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

If you would prefer to pay by check, please make payable to 'University of Colorado SD' and enclose with this registration form.

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