



Summer Science Camp Registration Form

Camper Information					
Camper's First Name					
Camper's Last Name					
Camper's E-mail					
Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Date of Birth		Camper is in good physical condition and is able to hike five miles: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address					
City		State:		Zip Code:	
Country					

Parent / Guardian Information	
Parent/Guardian Name	
Parent/Guardian Phone Number	
Parent/Guardian E-mail	

Emergency Contact Information	
Emergency Contact Name	
Emergency Contact Phone Number	
Emergency Contact E-mail	

Please list any limitations, allergies, etc. that camper may experience:	
Additional Comments:	

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REFUND/CANCELLATION POLICY

The initial deposit is non-refundable and is due at the time of registration. Registrations will not be accepted without a deposit.

Campers canceling on or before April 15 will forfeit all of the deposit and receive a refund of any additional paid registration fees.

Campers canceling after April 15 will forfeit all of the deposit and any registration fees paid.

OR

Campers canceling after April 15 due to illness, with written doctor's orders, will receive their entire paid registration less the initial deposit.

Balance of registration fees must be paid in full by May 1. Unpaid balance beyond May 1 will be subject to a \$100 late fee and may also jeopardize attendance at camp and result in forfeiture of the deposit and any paid registration fees.

WAIVER AND RELEASE OF LIABILITY

I understand that participation in any Science Camps of America camp (the "Camp") exposes my child to a variety of hazards and risks, foreseen and unforeseen. These hazards and risks include, but are not limited to, serious personal injury, property damage, and death ("Injuries and Damages"). I understand that Injuries and Damages can arise, as a result of negligence or otherwise, from natural causes; physical conditions; activities, which may include but are not limited to swimming, games, and other athletic, nature, travel and recreational activities; and activities of others.

In consideration for my child's acceptance and participation in the Camp and intending to be legally bound, I confirm that:

My child's participation in the Camp is voluntary and I and my child voluntarily assume all risks associated with my child's participation in the Camp. I understand that the Camp does not assume any responsibility for any Injuries or Damages arising from or connected with my child's participation in the Camp.

My child has had the opportunity to consult with appropriate medical personnel and by virtue of our decision to register for the program(s) I declare that my child is physically fit for participation in the Camp.

My child agrees to comply with all applicable rules and policies of the Camp.

This Waiver and Release is intended to be as broad and inclusive as is permitted by law and governed by the laws of the State of Hawaii. If any provision or any part of any provision of this Waiver and Release is held to be invalid or legally unenforceable for any reason, the remainder of this Waiver and Release shall not be affected thereby and shall remain valid and fully enforceable.

MY CHILD, A MINOR, AND I RELEASE AND DISCHARGE SCIENCE CAMPS OF AMERICA, INC., AND ITS OFFICERS, DIRECTORS, EMPLOYEES, RENTAL SITES, CONTRACTORS AND AGENTS FROM ANY AND ALL LIABILITY, AND WAIVE ALL CLAIMS, SUITS AND ACTIONS OF ANY KIND AGAINST ANY AND ALL OF THEM, FOR DEATH, DISABILITY, PERSONAL INJURY, OR PROPERTY DAMAGE, THAT MAY HEREAFTER ACCRUE TO MY CHILD, MY CHILD'S EXECUTORS, ADMINISTRATORS, HEIRS, NEXT OF KIN, AND SUCCESSORS AND ASSIGNS, ME, AND MY EXECUTORS, ADMINISTRATORS, HEIRS, NEXT OF KIN, SUCCESSORS AND ASSIGNS, ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY CHILD'S PARTICIPATION IN THE CAMP. I AND MY CHILD FURTHER AGREE TO HOLD HARMLESS SCIENCE CAMPS OF AMERICA, INC. AND ITS OFFICERS, DIRECTORS, EMPLOYEES, CONTRACTORS AND AGENTS FROM ANY CLAIMS, SUITS AND ACTIONS OF ANY KIND CAUSED BY MY CHILD'S NEGLIGENCE WHILE A PARTICIPANT IN THE CAMP.

I am the parent/legal guardian of my child. I affirm, by virtue of my registration, that I acknowledge that I have read this Waiver and Release and understand it. By registering and paying a deposit, I have therefore read and accepted these policies and this Waiver and Release my child and I are giving up legal rights. I understand that this is a binding legal document.

Parent / Guardian Signature

Date

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Registration Fee Calculation			
Item	Quantity	Unit Price	Extension
Session 1: <i>Land & Sea</i> June 29-July 8, 2018		\$2,395	
Session 2: <i>Air & Space</i> July 9-18, 2018		\$2,395	
Multi-Sibling Discount (-\$100 for each child)		-\$100	
Multi-Session Discount (-\$100 for each session)		-\$100	
Early Registration Discount (-\$100 before April 1, 2018)		-\$100	
Scholarship Amount (must be pre-approved)		()	
Camper's T-Shirt (one T-Shirt is included with registration) S___ M___ L___ XL___ XXL___		Included	
Additional T-Shirts (indicate quantities and sizes) S___ M___ L___ XL___ XXL___		\$20	
Total:			

Payment Options
<input type="checkbox"/> Pay in full (total amount above)
<input type="checkbox"/> Pay \$375 Deposit (full payment due May 1, 2018)

Payment
<input type="checkbox"/> Check enclosed Amount: \$_____ Check Number: _____
<div style="float: right; border: 1px solid black; padding: 5px; width: fit-content;"> CSC Code: Visa/MC: 3 digit code on back AMEX: 4 digit code on front </div> <input type="checkbox"/> Credit Card: Amount: \$_____
Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX
Card # _____ Exp.Date: ____/____ CSC Code _____
Cardholder Name: _____ Phone _____
Billing Address: _____
Cardholder Signature: _____