

# 2012 Discover Science Summer Camp Registration Form

Please submit one registration form per child.

## CAMPER INFORMATION

Camper's Name: \_\_\_\_\_

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

Current School: \_\_\_\_\_ Grade for Fall 2012: \_\_\_\_\_

T-shirt Size: \_\_\_ Youth Sm. \_\_\_ Y. Med \_\_\_ Y. Lg \_\_\_ Adult Sm \_\_\_ A. Med \_\_\_ A. Lg \_\_\_ A. XL

## PARENT/GUARDIAN #1

Name: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

## PARENT/GUARDIAN #2

Name: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Please indicate in which camps you would like to register your child. Camps are filled on a first-come, first-served basis. To ensure placement, payment must be made in full at the time of registration. Make all checks or money orders payable to "The Health Adventure" and enclose with this registration form. You may pay by credit card by calling (828) 665-2217, ext. 324. Confirmations will be sent as soon as placement in a camp is confirmed.

**RISING 1<sup>ST</sup>-2<sup>ND</sup> GRADES**

**\*\*COSTS: MEMBERS/NON-MEMBERS**

Date	Camp Title	Grades	Time	Cost**	Amount
June 18-22	Design It!	1-2	9:00-12:30	135/150	_____
	Smart Art	1-2	9:00-12:30	135/150	_____
June 25-29	Design It!	1-2	9:00-12:30	135/150	_____
	Smart Art	1-2	9:00-12:30	135/150	_____

**RISING 6<sup>TH</sup>- 8<sup>TH</sup> GRADES (GIRLS ONLY)**

July 9-13	Girls Quest		9:00-5:00	270/300	_____
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**RISING 3<sup>RD</sup>-6<sup>TH</sup> GRADES**

July 16-20	Gooley Science (AM)	4-6	8:30-12:30	135/150	_____
	Design Challenge (PM)	4-6	1:00-5:00	135/150	_____
	Design Challenge (AM)	3-5	8:30-12:30	135/150	_____
	Gooley Science (PM)	3-5	1:00-5:00	135/150	_____
July 23-27	Pick Your Brain! (AM)	4-6	8:30-12:30	135/150	_____
	Surfin' Safari (PM)	4-6	1:00-5:00	135/150	_____
	Surfin' Safari (AM)	3-5	8:30-12:30	135/150	_____
	Pick Your Brain! (PM)	3-5	1:00-5:00	135/150	_____

**RISING 4<sup>TH</sup> GRADERS - ADULTS**

July 31	Family Robotics Workshop 4-Adult		10:00-3:00	33/37	_____
				<i>per person</i>	

**Help other kids come to camp! Donate to the Scholarship Fund today!** \_\_\_\_\_

**AMOUNT ENCLOSED:** \_\_\_\_\_

**CANCELLATION POLICY:** If you cancel more than 30 days before the camp session begins, you will receive a 75% refund. If you cancel between 14 and 30 days before the camp session begins, you will receive a 50% refund. If you cancel fewer than 14 days before the camp session begins, there will be no refund.

# MEDICAL HISTORY FORM

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

*Some of our camps include physical activities. Please contact us if you have concerns about your child's ability to participate.*

Please describe any medical or physical conditions and any interventions that may be necessary:

Please describe any behavioral disabilities or conditions and suggest strategies you have found effective:

Please describe any allergies and your child's reaction.

**If any medications are required (severe allergies), please call and request an Allergy Action Plan and Medication Authorization Form, which will need to be completed by you and your child's physician.**

Does your child take any regular medication?

**If we need to oversee your child taking it, please call and request a Medication Authorization Form, which will need to be completed by you and your child's physician.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## GENERAL RELEASE AND CONSENT

You, the undersigned, do give your consent and approval for your child's participation in The Health Adventure Camp Programs. You hereby authorize any medical treatment, that may be advised or recommended by an attending physician while your child is participating in the program. You will not hold The Health Adventure or its employees and/or volunteers responsible in any way in case of accident or injury as a result of this program.

By signing this form, you give your consent for your child to be photographed or video-taped for marketing efforts on behalf of The Health Adventure. If you have a specific case for your child not to be included in any video or photography, please inform the Camp Coordinator and we will make every effort to not include your child in our marketing efforts.

**Girls Quest Campers Only:** You grant permission for your child to be transported in The Health Adventure's van for camp activities and for her to participate in all field trips.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Mail completed registration form and payment to:**

The Health Adventure  
ATTN: Summer Camp  
800 Brevard Road, Suite 620  
Asheville, NC 28806

## HOW DID YOU HEAR ABOUT THIS CAMP? (PLEASE CHECK ONE)

The Health Adventure

Poster/Advertisement/Billboard

Camp Expo/Event

Facebook

Child's School

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

Word of Mouth

Website

Radio

Newspaper/Ad

Return Camper