



Summer Discovery Camp Registration Form

One registration form per participant.

Registration Information

Camp Participant _____	Birthdate _____	Age _____
Primary Contact _____	E-mail _____	<input type="checkbox"/> E-mail Opt-Out
Relationship _____	Cell Phone _____	Work Phone _____
Emergency Contact/Relationship _____	Cell Phone _____	
School Camper Attends _____	Current Grade _____	
Additional adults authorized to pick up your child:		
Name _____	Relationship _____	
Name _____	Relationship _____	

Mandatory Medical Information (all portions required)

Please circle if your child has any of the following:

ADD/ADHD Asthma Autism Depression Diabetes Hearing Impairment
Heart Trouble Physical Impairment Seizures Vision Impairment

Other _____ Is your child current on required immunizations? Yes No

Identify any special accommodations necessary to assist your child with participation in camp: _____

List all medications your child is taking and for what condition (*in case of emergencies*) _____

List any allergies to food, insects, or medications: _____

Describe any behavior problems that may interrupt group learning: _____

Primary care physician's name _____ Office number _____

Insurance Company/Policy Number (optional) _____

For Office Use Only: Adventurer Explorer Discoverer Full-Day Half-Day A.M. Half-Day P.M.

Dates Attending: _____



Discovery Camp Registration Form – Policies and Procedures

Camp Participant: _____

Parent/Guardian Permissions

As the parent or legal guardian, I hereby give consent to the Children’s Discovery Museum of the Desert (CDMOD) To provide all emergency medical and/or dental care prescribed by a duly licensed Physician (MD) or Dentist (DDS) for the child named on this form. CDMOD will do its best to ensure a safe experience; however, I understand that certain dangers or accidents may occur. I hereby release CDMOD, and all its instructors, employees, officers, directors, agents, and volunteers from any and all responsibility and liability of any nature, including claims of injury, or damage caused by the negligence of CDMOD or any of the individuals listed above. All photos that are taken of my child may be used for any and all educational and promotional purposes in all forms of media. I understand there will be no financial compensation for my time or expenses for this consent to photograph to use of the person’s name, and release CDMOD from any claims. I further authorize CDMOD staff to apply sunscreen to exposed areas on my child, as needed. We recognize that our child must follow safety instructions, remain in areas designated by staff, and refrain from behavior that is harmful to oneself or others. Failure to adhere to program policies will cause dismissal from the program without refund of program fees. I understand that my child will not be released from the program site unless the signature below matches written permission from parent/guardian or the person picking up my child is named above.

Opt-Out of Photo Release only INITIALS _____

Scheduling and Refunds

CDMOD reserves the right to cancel camps that do not meet minimum enrollment. All camp fees are non-refundable, except in the instance when a camp does not meet minimum enrollment. Space is limited and registration is on a first-come, first-served basis.

INITIALS _____

Medications

All medications must be prescribed and medically necessary. **All medications must be listed on the registration form.** No over-the-counter remedies will be given. If your child has symptoms of illness such as fever, runny nose, cough, and/or contagious/undefined rashes, etc., do not bring your child to the program until the illness has passed. Children showing these symptoms will be sent home.

INITIALS _____

Other Discovery Camp Policies

- All authorized adults listed on the other side of this form must show ID daily at pick-up time.
- My child will treat other campers, staff, and volunteers with respect and courtesy.
- My child’s age/grade is within the Museum Camp policy of a minimum enrollment in Kindergarten through 5th grade (for the 2017-2018 school year) at the time of camp.
- If my child is not enrolled in After-Care, I understand that pick-up after 12:10 p.m. **or** 4:10 p.m. will result in a \$10 charge to cover the After-Care camp fee.
- If my child is not picked up by 5:30 p.m., I will be charged a \$10 fee per child for every 5 minutes.

INITIALS _____

I have read the entire Discovery Camp Registration Form and understand it completely, including the above Parent/Guardian Permission. I have informed Camp Staff of my child’s special needs and considerations. All the information given is true to the best of my knowledge.

Signature of Parent/Guardian _____ Date _____