

National Museum of Nuclear Science and History



Spring Day Camp 2012 Registration Form

If you have any questions, please call the Museum at 245-2137 x 103 or visit www.nuclearmuseum.org Please mail this form to 601 Eubank Blvd SE, Albuquerque, NM 87123 or fax 242-4537. We will mail a confirmation letter when your registration and full payment is received.

Please PRINT clearly and fill out separate form for each child.

Last Name _____ First Name _____ Sex: M F Age: _____

Address: _____ City: _____ NM ZIP _____

Parent/Guardian Names _____

Day Phone: _____ Cell Phone: _____ Work phone _____

Email address: _____

Name of child's school: _____ Current grade _____ Child's Date of Birth: ____/____/____

Camp selection (All camps are for students ages 6-10) Check each selection:

	Camp Dates	Camp Names	Ages	Selection
1	March 12	Great Inventors	6-10	
2	March 13	Lotions and Potions	6-10	
3	March 14	Good Vibrations	6-10	
4	March 15	Adobe, Bridges and Domes	6-10	
5	March 16	Forces of Flight	6-10	

Fees:

One day camps	All 5 one-day camps
Members = \$45/day (10% discount applied)	Members = \$225 (10% discount applied)
Non-members = \$50/day	Non-members = \$250
Total fee _____	Total fee _____

Payment:

Please check one: Check enclosed Make check payable to: National Atomic Museum Foundation

Visa **MasterCard** **American Express** **Discover**

Amount to be charged: _____ CC#: _____ Expiration Date: _____

CV2 code (3-digit on back of card or 4-digit code on front of American Express: ____ _

Name of holder: _____ Signature: _____

The requested information is required for grant proposals. What are your child's ethnic origins? Check all that apply:

Where did you hear about Winter Camp? Past Camper At the Museum Friends PTA

Sandia Daily News Library Flyer School NM Kids Museum Web Site Other

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Authorizations/Emergency Information Last Name _____ First Name _____

Alternate emergency contact authorized to assist your child:

Name and relationship to child: _____

Day Phone/Cell Phone: _____

Individuals authorized to pick-up my child:

Name: _____ Phone number: _____

Name: _____ Phone number: _____

If your child has any allergies or other health issues of which we should be aware, please explain:

If your child will be taking medication during Spring Camp sessions, please explain how and when the child will self-administer or when the parent/guardian will come to Camp to administer the medication. **The Camp staff are not authorized to handle or dispense over the counter or prescription medication.**

In the event of an emergency and neither parent can be reached, I hereby give consent to transport my child to the following hospital, and authorize the providers to give any reasonable and customary medical and health care deemed necessary. It is understood that I will be financially responsible for all emergency care.

Please circle preferred provider: Lovelace Presbyterian UNMH

Parent/Guardian Signature: _____ Date: _____

Agreement and Waiver - Please initial each statement

_____ I authorize the On-Site Coordinator and/or Camp Staff to provide routine care, treatment, and consultation for minor injuries without contacting me.

_____ I understand photographs may be taken for marketing or fundraising presentations. I give permission for my child's image to be used. **(Declining this section does not prohibit your child from participating in any aspect of the program).**

_____ I agree to pay a **\$15 fee for late pick-up** after 4:00 PM, plus a \$10 per minute charge that will be added after the first 15 minutes until pick-up.

_____ My child will bring lunch for camp and an optional snack. In the event my child does not have lunch I agree to pay \$7.00 for a lunch provided by the Museum. The Museum provides an afternoon drink.

The UNDERSIGNED HEREBY WAIVES any and all claims that he or she may have against the National Atomic Museum Foundation and operating partners and sponsors, including the National Museum of Nuclear Science and History, and forever releases the same, EXCEPT THAT foregoing waiver is not effective if the claim is caused by a tortuous act or omission of the National Atomic Museum Foundation.

Signature of Parent or Guardian: _____ Date _____

Where did you hear about Winter Camp? Past Camper ____ At the Museum ____ Friends ____ PTA ____

Sandia Daily News ____ Library Flyer ____ School ____ NM Kids ____ Museum Web Site ____ Other ____