

2018 Summer Science Daycamp

Administered by the Community Science Network

Registration Form

Please include the \$100 fee with your registration. Each additional sibling is \$80. Make checks payable to *Community Science Network*. Registration is not complete until camp payment is received.

Assistance is available for a limited number of students upon request. Assistance can be requested by submitting a letter with your registration form which indicates why the student wants to attend science camp and why you are requesting assistance. If accepted for assistance, the registration fee will be \$50 per student.

Separate forms must be completed for each child attending. Questions can be directed to Robin Lasey at 479-747-4718 or csnsciencecamp@hotmail.com.

**Required information. All required information must be complete before your registration is accepted.*

*Camper's Name: _____

*Camper's Date of Birth: _____ *Camper's Grade Level in Fall **2018** _____

*Parent/Guardian Name(s): _____

*Home Address: _____

*City: _____ *State: _____ *Zip: _____

Email Address: _____

School attended: _____

*Choose one: June 18-22 (Russellville High School) July 9-13 (Russellville High School)

*T-shirt: Youth Sm (6-8) Youth Med (10-12) Youth Lg (14-16) Adult Sm Adult Med Adult Lg

*Contact numbers for at least two people during the camp: _____

*In addition to the parent/guardian listed above, who is authorized to pick up your child at the end of the day?

Please include contact information. _____

(Those picking up the child will be required to come into the classroom, with a valid ID, to sign out the child.)

*Physician Name: _____ Physician Phone Number: _____

Please list any allergies the child has: _____

*If needed, do we have permission to administer antibiotic cream without first notifying you? _____

My child is in good physical condition at present. I hereby give consent to any emergency medical treatment necessary for my child resulting from an accident or illness. I accept responsibility and understand my insurance will be billed for necessary charges.

*Signed (parent or guardian): _____ *Date: _____

I hereby authorize Community Science Network to photograph my child, take motion pictures of him/her, take videotapes of him/her, and /or make electronic sound recordings of him/her (herein referred to as photographic or electronic reproductions).

I authorize the use of any such photographic or electronic reproductions of my child for educational and promotional purposes as may be deemed appropriate by the Community Science Network.

*Signed (parent or guardian): _____ *Date: _____

Note: If you have special instructions concerning you child's participation in activities, please send in writing to the Camp Director.

Please send completed form to:
Community Science Network
PO Box 661
Russellville, AR 72811