Thank you for choosing Camp MSC for your summer camp experience. Our camp programs are designed to be engaging, hands-on, challenging, and of course, fun! All full day camps include lunch and have extended care options available. All half day camps include early drop-off options. This packet contains the necessary forms that will complete the registration process for Camp MSC. Please complete all forms and return them at your earliest convenience. Please note that one set of completed forms is required for each camper who is not an adult. If you have any questions, please call the camp office at 410-545-5946.

To be returned now:
- Camp Registration Form
- Medical and Emergency Contact Form
- Copy of current immunization record (if applicable)
- Photography Waiver
- Copy of both sides of child’s health insurance card
- Extended Care Registration Form (Full Day Campers Only)

Please Note: All forms must be on file in the camp office no later than May 31, 2019. Failure to complete the necessary forms and submissions will result in denial of participation and your spot(s) may be given to another camper. There will be no refunds if denial of participation is necessary due to incomplete forms or lack of any forms on file.

Our refund policy: Withdrawal from camp sessions prior to April 2, 2019 will result in a full refund minus a $50 transaction fee. Beginning April 3, 2019 we cannot issue refunds for program withdrawals. The Camp Director reserves the right to deny continued participation due to chronic disruptive and/or unruly behavior. In the rare instance when this occurs, there can be no refunds issued.

MAILING INSTRUCTIONS:
Please mail all completed forms and payment information (if applicable) to:

Camp MSC
Maryland Science Center
601 Light Street
Baltimore, MD 21230
# CAMP MSC
## PROGRAM REGISTRATION FORM

### GENERAL PROGRAM INFORMATION

<table>
<thead>
<tr>
<th>Session</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1</td>
<td>July 8 - July 12, 2019</td>
</tr>
<tr>
<td>Session 2</td>
<td>July 15 - July 19, 2019</td>
</tr>
<tr>
<td>Session 3</td>
<td>July 22 - July 26, 2019</td>
</tr>
<tr>
<td>Session 4</td>
<td>July 29 - August 2, 2019</td>
</tr>
<tr>
<td>Session 5</td>
<td>August 5 - August 9, 2019</td>
</tr>
</tbody>
</table>

### FULL DAY PROGRAMS

<table>
<thead>
<tr>
<th>Program</th>
<th>Session Available</th>
<th>Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Splish Splash</td>
<td>1</td>
<td>6-7</td>
</tr>
<tr>
<td>Mighty Machines</td>
<td>2</td>
<td>6-7</td>
</tr>
<tr>
<td>Crash, Boom, Bang</td>
<td>3</td>
<td>6-7</td>
</tr>
<tr>
<td>Walk on the Wild Side</td>
<td>4</td>
<td>6-7</td>
</tr>
<tr>
<td>Nature Crafters</td>
<td>5</td>
<td>6-7</td>
</tr>
<tr>
<td>Weird Science</td>
<td>1</td>
<td>8-9</td>
</tr>
<tr>
<td>Astronaut Training Camp</td>
<td>2</td>
<td>8-9</td>
</tr>
<tr>
<td>Medieval Masters</td>
<td>3</td>
<td>8-9</td>
</tr>
<tr>
<td>Icky, Sticky, Sloppy</td>
<td>4</td>
<td>8-9</td>
</tr>
<tr>
<td>Nailed It!</td>
<td>5</td>
<td>8-9</td>
</tr>
<tr>
<td>Challenge Accepted</td>
<td>1</td>
<td>9-11</td>
</tr>
<tr>
<td>The Great Science Bake Off</td>
<td>2</td>
<td>9-11</td>
</tr>
<tr>
<td>Academy of Wizardry</td>
<td>3</td>
<td>9-11</td>
</tr>
<tr>
<td>Super Science Theater</td>
<td>4</td>
<td>9-11</td>
</tr>
<tr>
<td>Forces of Nature</td>
<td>5</td>
<td>9-11</td>
</tr>
<tr>
<td>Science Alive!</td>
<td>1</td>
<td>11-13</td>
</tr>
<tr>
<td>The Great Planetarium Takeover</td>
<td>2</td>
<td>11-13</td>
</tr>
<tr>
<td>Exhibit Design Team</td>
<td>3</td>
<td>11-13</td>
</tr>
<tr>
<td>Maker Camp</td>
<td>4</td>
<td>11-13</td>
</tr>
<tr>
<td>The Great Escape</td>
<td>5</td>
<td>11-13</td>
</tr>
</tbody>
</table>

### HALF DAY PROGRAMS

<table>
<thead>
<tr>
<th>Program</th>
<th>Session Available</th>
<th>Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alphabet Soup</td>
<td>1</td>
<td>4-5</td>
</tr>
<tr>
<td>Little Makers</td>
<td>2</td>
<td>4-5</td>
</tr>
<tr>
<td>Mega Mess</td>
<td>3</td>
<td>4-5</td>
</tr>
<tr>
<td>Dinosaurs Rock!</td>
<td>4</td>
<td>4-5</td>
</tr>
<tr>
<td>Dig In</td>
<td>5</td>
<td>4-5</td>
</tr>
</tbody>
</table>
**PROGRAMS AND FEES** (all fees are per participant)

*Please circle the program in which you would like to participate*

<table>
<thead>
<tr>
<th>FULL DAY PROGRAMS</th>
<th>NON-MEMBER</th>
<th>MEMBER</th>
<th>EXTENDED CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Splish Splash</td>
<td>$380.00</td>
<td>$365.00</td>
<td>add $125</td>
</tr>
<tr>
<td>Mighty Machines</td>
<td>$380.00</td>
<td>$365.00</td>
<td>add $125</td>
</tr>
<tr>
<td>Crash, Boom, Bang</td>
<td>$380.00</td>
<td>$365.00</td>
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</tr>
<tr>
<td>Walk on the Wild Side</td>
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<tr>
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<td>$380.00</td>
<td>$365.00</td>
<td>add $125</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<th>NON-MEMBER</th>
<th>MEMBER</th>
<th>EXTENDED CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alphabet Soup</td>
<td>$220.00</td>
<td>$205.00</td>
<td>add $50.00</td>
</tr>
<tr>
<td>Little Makers</td>
<td>$220.00</td>
<td>$205.00</td>
<td>add $50.00</td>
</tr>
<tr>
<td>Mega Mess</td>
<td>$220.00</td>
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<td>$205.00</td>
<td>add $50.00</td>
</tr>
<tr>
<td>Dig In</td>
<td>$220.00</td>
<td>$205.00</td>
<td>add $50.00</td>
</tr>
</tbody>
</table>

**TOTAL DUE:** ____________________________
CAMP MSC
CAMPER INFORMATION

Name: _____________________________________   Grade in school (entering):__________________

Birth date: ______________________________

Name of Parents(s)/Guardian(s): __________________________________________________________

Relationship to Camper: ________________________________________________________________

Camper Address: ______________________________________________________________________

Parent(s)/Guardian(s) Address (if different from above): ________________________________________

Day Phone: ___________________________________   Evening Phone: _________________________
Other Phone: _________________________________
Email Address: _______________________________________________________________
Emergency Contact:_________________________ Phone:____________________________

Camper Shirt Size: (Please circle one)
Youth: 4 6 8 10 12       Adult: S M L XL XXL

PAYMENT INFORMATION

☐ American Express  ☐ Visa  ☐ MasterCard  ☐ Discover
Card Number: _______________________________   Expiration: _______________

3 Digit Code: __________   Amount charged to card: $ __________________________

Name as it appears on card: ______________________________________________________________

Cardholder signature: _________________________________________________________________

Check payable to Maryland Science Center
(a $25 fee is charged for any check returned for insufficient funds)
Amount enclosed: $ __________________________

MAIL COMPLETED FORMS TO:
Camp MSC
Maryland Science Center
601 Light Street
Baltimore, MD 21230
MEDICAL RELEASE AND EMERGENCY

This medical release form must be filled out completely and signed by a parent or guardian. Incomplete forms will not be processed and lack of a signed and completed form will result in a denial of camp participation.

I, _______________________________ (parent/guardian) of __________________________________________________________ (name of minor child) hereby authorize consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to such minor under the general or special supervision, and on the advice of a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision. In addition, I authorize Maryland Science Center or their authorized adult to transport my child for medical attention if I cannot be reached. I voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Maryland Science Center, its owners, agents, officers, volunteers, and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of service, or otherwise which may arise from participating in summer camps that occur at Maryland Science Center.

Parent/Guardian Name: __________________________________________ Date: _________________
Address: _____________________________________________________________________________
School Currently Attending: ______________________________________
Or attach current record of immunizations

Telephone Numbers
Parent #1 Daytime: _________________________________ Evening: __________________________
Cell: _____________________________________
Parent #2 Daytime: _________________________________ Evening: __________________________
Cell: _____________________________________
Guardian Daytime: __________________________________ Evening: __________________________
Cell: _________________________________
List any allergies and treatment required: ________________________________________________________________________
__________________________________________________________________
List any medications your child will be taking, including the correct dosage (our staff cannot administer medication): ____________________________________________________________________________________________________
__________________________________________________________________
List any health conditions that we should know about: ___________________________________________________________
__________________________________________________________________

Doctor’s Name: _________________________________ Doctor’s Telephone: __________________________
Emergency Contact #1 (name and phone #): ______________________________________________________
Emergency Contact #2 (name and phone #): ______________________________________________________

PERSONS AUTHORIZED FOR PICKUP
Please list any and all names of persons authorized to pickup campers. Only those listed will be able to pick up a camper—we will not release campers to anyone not on this list. There can be no exceptions. All authorized persons must show I.D. Please write name as it appears on I.D.
Name: ______________________________ Relationship to Camper: _________________________________
Name: ______________________________ Relationship to Camper: _________________________________
Name: ______________________________ Relationship to Camper: _________________________________
Name: ______________________________ Relationship to Camper: _________________________________
I understand that images—still and/or moving—of my Camp MSC participant may be captured and used for promotional purposes and/or publicity efforts. I understand that these images may be used in a publication, advertisement, electronic media, or other forms of promotion and publicity. I understand that at no time will names ever be associated with any images that may be used for stated purposes. I release Maryland Science Center, its directors, employees, and representatives, and its agents from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that I have no right to compensation—monetary or otherwise—for allowing use of said images for stated purposes.

Name of Camp MSC Participant: ______________________________________________________

Parent/Guardian Name (please print): _____________________________________________________

Parent/Guardian signature: ______________________________________________________________
Date: __________________

MAIL COMPLETED FORMS TO:
Camp MSC
Maryland Science Center
601 Light Street
Baltimore, MD 21230
EXTENDED CARE REGISTRATION FORM
(Full Day and Half Day—Additional Fee Required)

Name of Extended Care Participant: ____________________________________________________
Birth Date of Extended Care Participant: _______________________________________________
Session #(s) when utilizing Extended Care: ______________________________________________

CONTACT INFORMATION
Parent/Guardian Name: ______________________________________________________________
Daytime Phone: ____________________ Evening Phone: ____________________________
Cell Phone: __________________________

Parent/Guardian Name: ______________________________________________________________
Daytime Phone: ____________________ Evening Phone: ____________________________
Cell Phone: __________________________

Emergency Contact Name: __________________________________________________________
Daytime Phone: ____________________ Evening Phone: ____________________________
Cell Phone: __________________________

PERSONS AUTHORIZED FOR PICKUP FROM EXTENDED CARE
Please list any and all names of persons authorized to pickup campers from extended care. Only those
listed will be able to pick up a camper—we will not release campers to anyone not on this list. There can
be no exceptions. All authorized persons must show I.D. Please write name as it appears on I.D.
Name: ___________________ Relationship to Camper: _______________________
Name: ___________________ Relationship to Camper: _______________________
Name: ___________________ Relationship to Camper: _______________________
Name: ___________________ Relationship to Camper: _______________________

EXTENDED CARE HOURS AND LATE FEES
Extended Care is available with prior sign-up and payment from 8:00 to 9:00 a.m. and 4:00 to 6:00 p.m.
Please do not drop off campers prior to 8:00 a.m. Authorized persons who fail to make the 6:00 p.m.
pickup deadline will be subject to the following:

A member of the Camp MSC staff will be required to wait with your camper until you or a designated
person on your Extended Care Registration Form arrives to retrieve your camper. As this means that staff
will remain past the normal operating hours you will be charged an additional fee of $30 for every
15 minutes or any portion thereof that you are late past 6:00 p.m. There can be no exceptions to
this—please make plans to arrive on time to pick up your camper.

MAIL COMPLETED FORMS TO:
Camp MSC
Maryland Science Center
601 Light Street
Baltimore, MD 21230
CAMPER HEALTH HISTORY

Child's Name: ____________________________________________________________

The following information is required:

1st Emergency Contact
(Parent or Legal Guardian) Phone:

2nd Emergency Contact
(Other than Parent Above): Phone

Child's Physician: Phone

HEALTH INFORMATION

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? □ NO  □ YES, Explain: ____________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? □ NO

□ YES, Explain: ____________________________________________________________

________________________________________________________________________

________________________________________________________________________

IMMUNIZATION INFORMATION:

For campers who reside within the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:

________________________________________________________________________

2. Is this child exempt from any immunizations? □ NO  □ YES, List them: __________________________

________________________________________________________________________

For campers who reside outside the United States, a United States territory, or the District of Columbia:

1. Country in which child resides:

________________________________________________________________________

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Parent or Legal Guardian's Signature: __________________________ Date: __________
USE THIS PAPER TO MAKE A COPY OF CAMPER HEALTH CARD