



CAMP MSC SENSATIONAL SUMMER SCIENCE

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

Session 1	July 8 - July 12, 2019
Session 2	July 15 - July 19, 2019
Session 3	July 22 - July 26, 2019
Session 4	July 29 - August 2, 2019
Session 5	August 5 - August 9, 2019

FULL DAY PROGRAMS	SESSION AVAILABLE	AGES
Splish Splash	1	6-7
Mighty Machines	2	6-7
Crash, Boom, Bang	3	6-7
Walk on the Wild Side	4	6-7
Nature Crafters	5	6-7
Weird Science	1	8-9
Astronaut Training Camp	2	8-9
Medieval Masters	3	8-9
Icky, Sticky, Sloppy	4	8-9
Nailed It!	5	8-9
Challenge Accepted	1	9-11
The Great Science Bake Off	2	9-11
Academy of Wizardry	3	9-11
Super Science Theater	4	9-11
Forces of Nature	5	9-11
Science Alive!	1	11-13
The Great Planetarium Takeover	2	11-13
Exhibit Design Team	3	11-13
Maker Camp	4	11-13
The Great Escape	5	11-13

HALF DAY PROGRAMS	SESSION AVAILABLE	AGES
Alphabet Soup	1	4-5
Little Makers	2	4-5
Mega Mess	3	4-5
Dinosaurs Rock!	4	4-5
Dig In	5	4-5



PROGRAMS AND FEES (all fees are per participant)

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

FULL DAY PROGRAMS	NON-MEMBER	MEMBER	EXTENDED CARE (8-9am; 4-6pm)
Splish Splash	\$380.00	\$365.00	add \$125
Mighty Machines	\$380.00	\$365.00	add \$125
Crash, Boom, Bang	\$380.00	\$365.00	add \$125
Walk on the Wild Side	\$380.00	\$365.00	add \$125
Nature Crafters	\$380.00	\$365.00	add \$125
Weird Science	\$380.00	\$365.00	add \$125
Astronaut Training Camp	\$380.00	\$365.00	add \$125
Medieval Masters	\$380.00	\$365.00	add \$125
Icky, Sticky, Sloppy	\$380.00	\$365.00	add \$125
Nailed It!	\$380.00	\$365.00	add \$125
Challenge Accepted	\$380.00	\$365.00	add \$125
The Great Science Bake Off	\$380.00	\$365.00	add \$125
Academy of Wizardry	\$380.00	\$365.00	add \$125
Super Science Theater	\$380.00	\$365.00	add \$125
Forces of Nature	\$380.00	\$365.00	add \$125
Science Alive!	\$380.00	\$365.00	add \$125
The Great Planetarium Takeover	\$380.00	\$365.00	add \$125
Exhibit Design Team	\$380.00	\$365.00	add \$125
Maker Camp	\$380.00	\$365.00	add \$125
The Great Escape	\$380.00	\$365.00	add \$125
HALF DAY PROGRAMS	NON-MEMBER	MEMBER	EXTENDED CARE (8-9am only)
Alphabet Soup	\$220.00	\$205.00	add \$50.00
Little Makers	\$220.00	\$205.00	add \$50.00
Mega Mess	\$220.00	\$205.00	add \$50.00
Dinosaurs Rock!	\$220.00	\$205.00	add \$50.00
Dig In	\$220.00	\$205.00	add \$50.00

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: _____



CAMP MSC SENSATIONAL SUMMER SCIENCE

PHOTO/VIDEO/MEDIA RELEASE FORM

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**