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 29, 2020. 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 3, 2020 will result in a full refund minus a $50 transaction fee. Beginning April 4, 2020 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 13 - July 17, 2020  
Session 2  
July 20 - July 24, 2020  
Session 3  
July 27 - July 31, 2020  
Session 4  
August 3 - August 7, 2020  
Session 5  
August 10 - August 14, 2020

### FULL DAY PROGRAMS

<table>
<thead>
<tr>
<th>Program</th>
<th>Session Available</th>
<th>Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paws and Claws</td>
<td>1</td>
<td>6-7</td>
</tr>
<tr>
<td>Fossil Frenzy</td>
<td>2</td>
<td>6-7</td>
</tr>
<tr>
<td>That's HOT</td>
<td>3</td>
<td>6-7</td>
</tr>
<tr>
<td>Science Road Trip: Across the USA</td>
<td>4</td>
<td>6-7</td>
</tr>
<tr>
<td>Finders Keepers</td>
<td>5</td>
<td>6-7</td>
</tr>
<tr>
<td>Making Magic</td>
<td>1</td>
<td>8-9</td>
</tr>
<tr>
<td>Messy Science</td>
<td>2</td>
<td>8-9</td>
</tr>
<tr>
<td>Rock Out</td>
<td>3</td>
<td>8-9</td>
</tr>
<tr>
<td>The Science of Art</td>
<td>4</td>
<td>8-9</td>
</tr>
<tr>
<td>Games Unplugged</td>
<td>5</td>
<td>8-9</td>
</tr>
<tr>
<td>Choose Your Own Science</td>
<td>1</td>
<td>9-11</td>
</tr>
<tr>
<td>Science Unseen</td>
<td>2</td>
<td>9-11</td>
</tr>
<tr>
<td>Accidental Inventions</td>
<td>3</td>
<td>9-11</td>
</tr>
<tr>
<td>Try This!</td>
<td>4</td>
<td>9-11</td>
</tr>
<tr>
<td>Disaster Averted</td>
<td>5</td>
<td>9-11</td>
</tr>
<tr>
<td>Survivors Guide to the Galaxy</td>
<td>1</td>
<td>11-13</td>
</tr>
<tr>
<td>Bot Builders</td>
<td>2</td>
<td>11-13</td>
</tr>
<tr>
<td>STEAMpunk Science</td>
<td>3</td>
<td>11-13</td>
</tr>
<tr>
<td>The All New Great Escape</td>
<td>4</td>
<td>11-13</td>
</tr>
<tr>
<td>Maker Camp</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>Twinkle, Twinkle Little Stars</td>
<td>1</td>
<td>4-5</td>
</tr>
<tr>
<td>Music Makers</td>
<td>2</td>
<td>4-5</td>
</tr>
<tr>
<td>Dinosaurs Rock!</td>
<td>3</td>
<td>4-5</td>
</tr>
<tr>
<td>Slimy Science</td>
<td>4</td>
<td>4-5</td>
</tr>
<tr>
<td>3, 2, 1 Blast Off!</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>Paws and Claws</td>
<td>$380.00</td>
<td>$365.00</td>
<td>add $125</td>
</tr>
<tr>
<td>Fossil Frenzy</td>
<td>$380.00</td>
<td>$365.00</td>
<td>add $125</td>
</tr>
<tr>
<td>That's HOT</td>
<td>$380.00</td>
<td>$365.00</td>
<td>add $125</td>
</tr>
<tr>
<td>Science Road Trip: Across the USA</td>
<td>$380.00</td>
<td>$365.00</td>
<td>add $125</td>
</tr>
<tr>
<td>Finders Keepers</td>
<td>$380.00</td>
<td>$365.00</td>
<td>add $125</td>
</tr>
<tr>
<td>Making Magic</td>
<td>$380.00</td>
<td>$365.00</td>
<td>add $125</td>
</tr>
<tr>
<td>Messy Science</td>
<td>$380.00</td>
<td>$365.00</td>
<td>add $125</td>
</tr>
<tr>
<td>Rock Out</td>
<td>$380.00</td>
<td>$365.00</td>
<td>add $125</td>
</tr>
<tr>
<td>The Science of Art</td>
<td>$380.00</td>
<td>$365.00</td>
<td>add $125</td>
</tr>
<tr>
<td>Games Unplugged</td>
<td>$380.00</td>
<td>$365.00</td>
<td>add $125</td>
</tr>
<tr>
<td>Choose Your Own Science</td>
<td>$380.00</td>
<td>$365.00</td>
<td>add $125</td>
</tr>
<tr>
<td>Science Unseen</td>
<td>$380.00</td>
<td>$365.00</td>
<td>add $125</td>
</tr>
<tr>
<td>Accidental Inventions</td>
<td>$380.00</td>
<td>$365.00</td>
<td>add $125</td>
</tr>
<tr>
<td>Try This!</td>
<td>$380.00</td>
<td>$365.00</td>
<td>add $125</td>
</tr>
<tr>
<td>Disaster Averted</td>
<td>$380.00</td>
<td>$365.00</td>
<td>add $125</td>
</tr>
<tr>
<td>Survivors Guide to the Galaxy</td>
<td>$380.00</td>
<td>$365.00</td>
<td>add $125</td>
</tr>
<tr>
<td>Bot Builders</td>
<td>$380.00</td>
<td>$365.00</td>
<td>add $125</td>
</tr>
<tr>
<td>STEAMpunk Science</td>
<td>$380.00</td>
<td>$365.00</td>
<td>add $125</td>
</tr>
<tr>
<td>The All New Great Escape</td>
<td>$380.00</td>
<td>$365.00</td>
<td>add $125</td>
</tr>
<tr>
<td>Maker Camp</td>
<td>$380.00</td>
<td>$365.00</td>
<td>add $125</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HALF DAY PROGRAMS</th>
<th>NON-MEMBER</th>
<th>MEMBER</th>
<th>EXTENDED CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twinkle, Twinkle Little Stars</td>
<td>$220.00</td>
<td>$205.00</td>
<td>add $50.00</td>
</tr>
<tr>
<td>Music Makers</td>
<td>$220.00</td>
<td>$205.00</td>
<td>add $50.00</td>
</tr>
<tr>
<td>Dinosaurs Rock!</td>
<td>$220.00</td>
<td>$205.00</td>
<td>add $50.00</td>
</tr>
<tr>
<td>Slimy Science</td>
<td>$220.00</td>
<td>$205.00</td>
<td>add $50.00</td>
</tr>
<tr>
<td>3, 2, 1 Blast Off!</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
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.
Name: _________________________________  Relationship to Camper: _________________________________
Name: _________________________________  Relationship to Camper: _________________________________
Name: _________________________________  Relationship to Camper: _________________________________
Name: _________________________________  Relationship to Camper: _________________________________

MEDICAL RELEASE AND EMERGENCY
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.
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