



## **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 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	SESSION AVAILABLE	AGES
Paws and Claws	1	6-7
Fossil Frenzy	2	6-7
That's HOT	3	6-7
Science Road Trip: Across the USA	4	6-7
Finders Keepers	5	6-7
Making Magic	1	8-9
Messy Science	2	8-9
Rock Out	3	8-9
The Science of Art	4	8-9
Games Unplugged	5	8-9
Choose Your Own Science	1	9-11
Science Unseen	2	9-11
Accidental Inventions	3	9-11
Try This!	4	9-11
Disaster Averted	5	9-11
Survivors Guide to the Galaxy	1	11-13
Bot Builders	2	11-13
STEAMPunk Science	3	11-13
The All New Great Escape	4	11-13
Maker Camp	5	11-13

HALF DAY PROGRAMS	SESSION AVAILABLE	AGES
Twinkle, Twinkle Little Stars	1	4-5
Music Makers	2	4-5
Dinosaurs Rock!	3	4-5
Slimy Science	4	4-5
3, 2, 1 Blast Off!	5	4-5



## PROGRAMS AND FEES (all fees are per participant)

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

<b>FULL DAY PROGRAMS</b>	<b>NON-MEMBER</b>	<b>MEMBER</b>	<b>EXTENDED CARE (8-9am; 4-6pm)</b>
Paws and Claws	\$380.00	\$365.00	add \$125
Fossil Frenzy	\$380.00	\$365.00	add \$125
That's HOT	\$380.00	\$365.00	add \$125
Science Road Trip: Across the USA	\$380.00	\$365.00	add \$125
Finders Keepers	\$380.00	\$365.00	add \$125
Making Magic	\$380.00	\$365.00	add \$125
Messy Science	\$380.00	\$365.00	add \$125
Rock Out	\$380.00	\$365.00	add \$125
The Science of Art	\$380.00	\$365.00	add \$125
Games Unplugged	\$380.00	\$365.00	add \$125
Choose Your Own Science	\$380.00	\$365.00	add \$125
Science Unseen	\$380.00	\$365.00	add \$125
Accidental Inventions	\$380.00	\$365.00	add \$125
Try This!	\$380.00	\$365.00	add \$125
Disaster Averted	\$380.00	\$365.00	add \$125
Survivors Guide to the Galaxy	\$380.00	\$365.00	add \$125
Bot Builders	\$380.00	\$365.00	add \$125
STEAMpunk Science	\$380.00	\$365.00	add \$125
The All New Great Escape	\$380.00	\$365.00	add \$125
Maker Camp	\$380.00	\$365.00	add \$125
<b>HALF DAY PROGRAMS</b>	<b>NON-MEMBER</b>	<b>MEMBER</b>	<b>EXTENDED CARE (8-9am only)</b>
Twinkle, Twinkle Little Stars	\$220.00	\$205.00	add \$50.00
Music Makers	\$220.00	\$205.00	add \$50.00
Dinosaurs Rock!	\$220.00	\$205.00	add \$50.00
Slimy Science	\$220.00	\$205.00	add \$50.00
3, 2, 1 Blast Off!	\$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

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## 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.

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

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.

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:

1<sup>st</sup> Emergency Contact

(Parent or Legal Guardian)

Phone: \_\_\_\_\_

2<sup>nd</sup> 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: \_\_\_\_\_  
\_\_\_\_\_

Parent or Legal Guardian's Signature: \_\_\_\_\_

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)

Date: \_\_\_\_\_





**USE THIS PAPER TO MAKE A COPY OF  
CAMPER HEALTH CARD**