



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! 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. If you have any questions, please call the camp office at 410-545-5946.

To be returned now:

- This page with online order number
- Medical and Emergency Contact Form
- Photography Waiver
- Copy of current immunization record (if applicable)
- Copy of both sides of child's health insurance card

Please Note: All forms must be on file in the camp office no later than June 10, 2021. 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 May 15, 2021 will result in a full refund minus a \$50 transaction fee. Beginning May 16, 2021 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.

Online Order Number: _____

PLEASE MAIL ALL COMPLETED FORMS TO:

Camp MSC
Maryland Science Center
601 Light Street
Baltimore, MD 21230

OR SCAN AND EMAIL ALL COMPLETED FORMS TO:

Joann Bell
jbell@mdsci.org

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: _____



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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: _____

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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: _____

Parent or Legal Guardian's Signature: _____ Date: _____

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)



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