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, 2022. 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 13, 2022 will result in a full refund minus a $50 transaction fee. Beginning May 14, 2022 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: ____________________________
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

OR EMAIL COMPLETED FORMS TO:
Joann Bell
jbell@mdsci.org
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