

# Summer Discovery Camps 2009

## Registration Form

Each Summer Camp runs Tuesday through Friday  
Morning session: 9am-12pm  
Afternoon session: 1pm-4pm

Before a child can participate in a camp an emergency Release Form must be submitted.  
Forms are available at Insights Museum .

Cost: \$75 per camper per session

**Call 534-0000 ext. 0 for more information**

Participant's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Participant's Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Email \_\_\_\_\_

Name and Date of Camp:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Total Number of Camps: \_\_\_\_\_ @ \$75 Total: \_\_\_\_\_

Camp Reservation is not final until payment is received  
Due to popularity of camps refunds cannot be given unless the camp is cancelled  
Insights reserves the right to cancel camps

# Emergency Release Form

Camp Participant's Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

Alternate Contact \_\_\_\_\_

Alternate Contact Phone # \_\_\_\_\_

Known Allergies (please include food allergies) \_\_\_\_\_

Medications \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

I \_\_\_\_\_ (Parent or Guardian) authorize Insights El Paso Science Museum to take any action to solve emergencies at my expense if I can not be reached at the above numbers.

\_\_\_\_\_  
Signature of parent or guardian

Please List People Authorized to pick up the participant from camp. (This person will sign the child in/out each day and must have an ID

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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