

1**Gulf Coast Exploreum Science Center Camper Information**

Name: _____

Grade (Fall2018): _____ Age _____ Male/Female

Name of Parents(s)/Guardian(s): _____

Camper Address: _____

Day Phone: _____ Cell Phone: _____

Email Address: _____

Exploreum Member? YES NO**2**

Additional Contact: _____ Phone: _____

Camp Selection

Please use the Camp Guide to select the camp(s) you would like to register for your camper.

General Public: \$180 Members: \$145 AirBus Flight Camp 12-14yrs- General Public: \$370 Members: \$295

CAMP WEEK	4-5 y/o	6-8 y/o	9-11 y/o	12-14 y/o
1) May 28 - June 1	\$	\$	\$	\$
2) June 4 - June 8	\$	\$	\$	\$
3) June 11- June 15	\$	\$	\$	\$
4) June 18 - June 22	\$	\$	\$	\$
5) July 9 - July 13	\$	\$	\$	\$
6) July 16 - July 20	\$	\$	\$	\$
7) July 23 - July 27	\$	\$	\$	\$
8) July 30 - Aug 3	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$

Camp T-Shirts _____ x \$10= \$ _____ Size (Please Circle One): Youth-S Youth-M Youth-L

Sibling Discount -\$ _____ Adult-S Adult-M Adult-L Adult-XL
(-\$10.00 per each additional child enrolled in the same camp week)**Total Amount \$** _____**3****Meal Plan**_____ **My child will NOT receive a meal plan and I will provide my child with lunch.**_____ **My child will receive a meal plan for Camp Week 1 2 3 4 5 6 7 8**

(Please circle all that apply)

_____ (number of weeks) x \$25 = \$ _____ Please add this total to your camp selection total.

I have reviewed the Meal Plan Calendar and I understand that my child will receive lunch according to the schedule with no substitutions.

Parent/Guardian Signature: _____ **Date:** _____

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Camp Payment

Check Enclosed (Please make check payable to the Gulf Coast Exploreum)

Card Type _____ Name on Card _____

Credit Card # _____ Exp. Date _____

Total amount to be charged to Credit Card: \$ _____

Signature: _____

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Permissions Form

I hereby give permission for _____ to attend a Summer Camp at the Gulf Coast Exploreum Science Center. I am aware that my child will participate in this day at his/her own risk and I, and my family, release the Exploreum, its directors, and its staff from any and all claims which might arise as a result of accident, injury, or illness while participating in this camp. I have indicated below any special medication, diet, or allergies of which staff should be made aware. Should the need arise, I authorize the staff at the Exploreum to obtain emergency medical assistance for my child, and I promise to indemnify and hold harmless the Exploreum and its staff against any loss due to expenses arising from such action.

Allergies: _____

Special Diet: _____

Medications: _____

Do you give Exploreum Staff permission to administer the medication listed above? _____

Parent/Guardian Signature: _____ **Date:** _____

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Photo Release Form

I, _____, agree to give The Gulf Coast Exploreum Science Center permission to use pictures and/or video taken of _____. These pictures can be used without limitations or restrictions as long as they are used for the purpose of promoting The Gulf Coast Exploreum Science Center.

Parent/Guardian Signature: _____ **Date:** _____

*Note: If you do not agree to the photo release please do not sign this section and fill with N/A.



Haley Freeman

Camp Coordinator- Gulf Coast Exploreum Science Center

(251) 208-6818

hfreeman@exploreum.com

Please Send Registration Form one of the following ways.

Mail to: Exploreum P.O. Box 1968 Mobile, AL 36633

Fax to: (251) 208-6889 Attn: Haley Freeman

Email to: hfreeman@exploreum.com