

# Junior Med Camp

Members: \$45      General Public: \$55

June 28, 2018    8:00am-3:30pm

Location: Gulf Coast Exploreum Science Center

Ages 9-11 years old

Curious about health and medicine? Then this is the camp for you! Learn how to use instruments such as microscopes, stethoscopes, and blood pressure monitors to diagnose health conditions. Discover human anatomy through x-ray slides, models and real bone specimens. See how the art and science of healthcare has changed from prehistoric times through the present!

1

## Camper Information

Name: \_\_\_\_\_

Grade (Fall2018): \_\_\_\_\_ Age \_\_\_\_\_ Male/Female

Name of Parents(s)/Guardian(s): \_\_\_\_\_

Camper Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Exploreum or Mobile Medical Museum Member?  YES  NO

Additional Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

2

## Meal Plan

\_\_\_\_\_ My child will NOT receive a meal plan and I will provide my child with lunch.

\_\_\_\_\_ My child will receive a meal for \$5.00. Please add this total to your camp total.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3

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

4

### 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 and its directors and staff, and the Mobile Medical Museum and its directors and 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, the Mobile Medical Museum, and program 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: \_\_\_\_\_

5

### Photo Release Form

I, \_\_\_\_\_, agree to give The Gulf Coast Exploreum Science Center and the Mobile Medical Museum 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 and the Mobile Medical Museum.

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](mailto: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](mailto:hfreeman@exploreum.com)