



# 2007 CMOS Summer Camps Registration Forms

**Camper's Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade as of Fall of 2007 \_\_\_\_\_

Are you a CMOS Member? If Yes, Membership Number \_\_\_\_\_

Is there a sibling attending the same CMOS camp? If Yes, Name of Sibling \_\_\_\_\_

\*\* After Care available 4-5 p.m. (all-day campers only):

\$6 per day     Tues.     Wed.     Thurs.     Fri.     pay day on day needed

Please, select which camp(s) your child would like to attend. **All Day Campers please bring a packed lunch!**

<b>My First Camp: Ages 4-5</b>	<b>Dates</b>	<b>Times</b>	<b>Price</b>
<input type="checkbox"/> Bees, Bugs, Butterflies	June 5-8	9-11:30 a.m.	\$60 members \$65 non-members
<input type="checkbox"/> Walk Through the Garden	June 12-15	9-11:30 a.m.	\$60 members \$65 non-members
<input type="checkbox"/> Once Upon a Pond	July 10-13	9-11:30 a.m.	\$60 members \$65 non-members
<b>Grades 1-2</b>	<b>Dates</b>	<b>Times</b>	<b>Price</b>
<input type="checkbox"/> Got Science? Camp	June 19-22	9-4 p.m.**	\$170 members \$175 non-members
<input type="checkbox"/> ARTattack! Camp	July 17-20	9-4 p.m.**	\$170 members \$175 non-members
<b>Grades 3-5</b>	<b>Dates</b>	<b>Times</b>	<b>Price</b>
<input type="checkbox"/> Eureka! Science Camp	June 26-29	9-4 p.m.**	\$170 members \$175 non-members
<input type="checkbox"/> ARTventurous! Camp	July 24-27	9-4 p.m.**	\$170 members \$175 non-members
<b>Grades 4-7</b>	<b>Dates</b>	<b>Times</b>	<b>Price</b>
<input type="checkbox"/> Abracadabra! Magic Mini Camp	Tuesdays in July Beginning July 10	9-11:30 a.m.	\$60 members \$65 non-members



# 2007 CMOS Summer Camps Registration Forms

How did you hear about camp?

Has the participant been involved with CMOS camps or programs? yes no

If yes, which camps or programs?

Please review the material on this form. Please sign and return. If you have any questions please contact the museum at 256-765-0500. Thank you.

## Medical and Health Information Release

Does your child have any health problems that would limit activities at Camp? no yes

Please explain:

Is the child restricted from participating in any physical activity? no yes

Please explain:

Please check any allergies that your child has: Penicillin Hay fever Food Insect bites Dog/Cats  
Birds other

Please explain:

List any medications your child is taking:

My child may be given the prescribed dose of Tylenol if necessary? no yes

Does the child have other significant medical history not covered by above questions?

## Authorization for Emergency Medical Treatment

I am the guardian of \_\_\_\_\_, I understand staff will provide minor first aid, however, should my child need emergency medical services, the staff will attempt to contact me, but will secure medical treatment. I understand I will be responsible for any charges for such treatment.

Preferred Medical Doctor: \_\_\_\_\_ Medical facility phone: \_\_\_\_\_

Guardian Signature and Date: \_\_\_\_\_

## Photograph Permission Form

Videotaping and photography can/will occur during our camp activities and may be used for future publicity for CMOS. Please sign below if you have no objections to photographs/videotapes.

Guardian Signature and Date: \_\_\_\_\_

## Release of Liability

I understand and agree that the Children's Museum of the Shoals, staff, and volunteers are released from any legal responsibility and/or liability for any accidents or illnesses that may occur while my child, \_\_\_\_\_, attends the Children's Museum of the Shoals 2007 Summer Camp.

Guardian Signature and Date: \_\_\_\_\_

Each participant must have a separate form filled out.



# 2007 CMOS Summer Camps Registration Forms

## Parent/ Guardian Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

## Other People Who May Pick up Camper(s) -ID will be required

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relation to Camper(s) \_\_\_\_\_

## Emergency Contact Information

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Enclosed is my check for \$\_\_\_\_\_ made payable to CMOS, or

Please charge \$\_\_\_\_\_ to: \_\_\_\_\_ (Mastercard or Visa)

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Cardholder's Name (as it appears  
on the card): \_\_\_\_\_ Security Code: \_\_\_\_\_ (last three digits on the back of your card)

**\$25 minimum deposit to hold a spot. We'll hold a spot for three days without a deposit.**

**Discounts:** A 5% discount will be credited to registrations to more than one camp; a 5% discount will also be credited to siblings registered for the *same* camp. Both discounts will be credited where applicable.

**Refunds:** Full refunds will be given no later than seven days before the beginning of the camp. Partial refunds (50%) given within seven days of the beginning of the camp. Deposits are always non-refundable.

**Payment in full is required on or by the first day of camp.**

**Please fax to 256-764-7377 or mail to:**

**Children's Museum of the Shoals**

**Attention: Anna Holt**

**2810 Darby Drive**

**Florence, AL 35630**

If you would like to make a tax-deductible donation to CMOS for our educational programs, please specify the amount \$ \_\_\_\_\_. Thank you for your support!