

**Fairbanks Discovery Camp**  
**2018 Registration Form**

**CAMPER INFORMATION**

Child's full name: \_\_\_\_\_ Preferred name: \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Age: \_\_\_\_\_  
Parent/Guardian Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

Please select a camp program. Options are split by age groups. Siblings and multiple week sign ups get 20%. Please specify what days you would like for extended day, if choosing that option:

Camps for ages 4 and 5 year olds:

- \_\_\_ July 9-13: You Are What You Eat, 9-12pm, \$125
- \_\_\_ July 16-20: Solar Powered Animals, 9-12pm, \$125
- \_\_\_ Extended Day Option, 12-3pm: M, T, W, T, F, \$20 a day

Camps for ages 6-8 year olds:

- \_\_\_ July 30-Aug 3: Energy in Motion, 9-12pm, \$125
- \_\_\_ Aug 6-10: Powered by the Earth, 9-12pm, \$125
- \_\_\_ Extended Day Option, 12-3pm: M, T, W, T, F, \$20 a day

Is there anything you feel we should know about your child (e.g. social/behavioral concerns)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACTS**

Full name: _____	Full name: _____
Relationship to camper: _____	Relationship to camper: _____
Phone number: _____	Phone number: _____

**MEDICAL INFORMATION & RELEASE**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

List all known medical conditions for your child, including food allergies and/or drug allergies. In addition, include any and all over-the-counter and/or prescription drugs taken regularly:

\_\_\_\_\_

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**Authorization of Treatment:**

I understand that if an illness or medical emergency arises, Summer Nature Camp staff will try to contact me. If I cannot be reached and the emergency is such that immediate attention is necessary, the staff has my permission to arrange necessary transportation to take my child to the hospital. The hospital has my permission to give my child immediate medical care. I agree to be responsible for the expense of medical treatment/service.

Initials \_\_\_\_\_

**First Aid:**

By initialing, I give permission for the staff of the Summer Nature Camp at the Fairbanks Museum and Planetarium to administer minor first aid, including antiseptic or Neosporin, calamine lotion, or sunscreen or insect repellent provided by the parent/guardian. I understand that camp staff will not administer any other medication. Exceptions will be made for life-threatening conditions.

Initials \_\_\_\_\_

**PICK-UP AUTHORIZATION**

My child may leave Summer Camp at pick-up time (12pm or 4pm) only with the persons listed below:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**ADDITIONAL RELEASES & SIGNATURE(S)**

**Release Statement:**

I acknowledge that there are natural hazards associated with activities in the outdoor setting. I hereby affirm that my child is in good health and physically capable of performing the required activities of camp. I hereby release and forever discharge the Fairbanks Museum and Planetarium, its units, agents, and employees, from all claim of liability for any damages or injuries which may be sustained while my child is at camp.

Initials \_\_\_\_\_

**Photo Release:**

I give permission for my child to be interviewed/photographed/videoed for use in Fairbanks Museum and Planetarium media. I understand these images may be used with or without my child's name and will be used for educational or promotional purposes only.

Initials \_\_\_\_\_

I agree to allow my child to participate fully in camp, I agree to pay in full and return required paperwork on time, and I agree to the accuracy of the information I provided in this form.

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

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

