

PLEASE PROVIDE A SEPARATE FORM FOR EACH PARTICIPANT.

HANDS-ON SCIENCE CAMP ENROLLMENT FORM

STEP 1: PARTICIPANT INFORMATION

FIRST NAME				LAST NAME			
AGE	DATE OF BIRTH	GENDER	GRADE GOING INTO	SCHOOL NAME			
PARENT/GUARDIAN FIRST NAME				LAST NAME			
EMAIL			PHONE #		RELATIONSHIP		
ADDRESS			CITY		STATE	ZIP	

STEP 2: COURSE SELECTION

COURSE NAME	COURSE DATE	TIME	FEE \$	
COURSE NAME	COURSE DATE	TIME	FEE \$	
COURSE NAME	COURSE DATE	TIME	FEE \$	
COURSE NAME	COURSE DATE	TIME	FEE \$	
EXTENDED DAY CARE (\$80 MEMBER / \$90 NON-MEMBER PER WEEK) Please refer to Page 17 for more information.			WEEK	FEE \$
OPTIONAL: FOR DISCOUNTED CAMP REGISTRATION, BECOME A MEMBER (\$85 EXPLORER, \$175 DISCOVERER, \$375 ADVENTURER, \$575 PIONEER, \$1,000 VOYAGER)			FEE \$	
Your Membership must be current at the time of the class date. When purchasing or renewing a Membership, please attach a separate check (if paying by check) for Membership payment.				
CURRENT OR RENEWING MEMBERS, PLEASE INDICATE YOUR: New Members do not need to provide this information. Payment must accompany form.			MEMBER ID #	EXPIRATION DATE
SUPPORT SCIENCE LEARNING! PLEASE CONSIDER MAKING A TAX-DEDUCTIBLE CONTRIBUTION TOWARD SCIENCE CAMP SCHOLARSHIPS FOR CHILDREN IN NEED!				DONATION \$
				TOTAL AMOUNT \$

STEP 3: HEALTH HISTORY

CAMPER UNDER A PHYSICIAN'S CARE FOR THESE CONDITIONS

PLEASE LIST ALL ALLERGIES (INCLUDING FOOD)

PLEASE LIST ALL MEDICATIONS THE CAMPER IS TAKING

IN CASE OF EMERGENCY THE FOLLOWING TWO PEOPLE (OTHER THAN YOURSELF) ARE AUTHORIZED TO PICK UP MY CHILD

NAME	PHONE #	RELATIONSHIP
NAME	PHONE #	RELATIONSHIP

STEP 4: PAYMENT INFORMATION

PAYMENTS BY CREDIT CARD MUST BE ATTACHED WITH PAYMENT AUTHORIZATION FORM. SEE NEXT PAGE.



I HAVE ENCLOSED A CHECK(S) PAYABLE TO THE CALIFORNIA SCIENCE CENTER FOUNDATION. PLEASE DO NOT SEND DUPLICATE REGISTRATION FORMS. THERE IS A \$25 SERVICE CHARGE FOR ALL RETURNED CHECKS.

STEP 5: PARTICIPANT AUTHORIZATION

I HAVE READ AND UNDERSTAND THE CANCELLATION AND REGISTRATION POLICIES AS STATED. I HEREBY WAIVE ALL CLAIMS AGAINST THE CALIFORNIA SCIENCE CENTER FOUNDATION, THE CALIFORNIA SCIENCE CENTER, AND THEIR EMPLOYEES OR VOLUNTEER WORKERS FOR INJURY, ACCIDENT, OR ILLNESS OCCURRING BY REASON OF PARTICIPATION IN HANDS-ON SCIENCE CAMP. THE CALIFORNIA SCIENCE CENTER FOUNDATION MAY PHOTOGRAPH MY CHILD DURING PROGRAMS AND I HEREBY CONSENT TO THE USE OF THESE PHOTOGRAPHS IN SCIENCE CENTER PROMOTIONAL MATERIAL. IN CASE OF EMERGENCY, I AUTHORIZE ANY LICENSED PHYSICIAN, NURSE OR HOSPITAL TO RENDER SUCH MEDICAL AID AS MAY BE DEEMED NECESSARY AND/OR DESIRABLE.

PARENT/GUARDIAN SIGNATURE	DATE
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REGISTRATION WILL NOT BE PROCESSED WITHOUT SIGNATURE.

MAIL TO: CALIFORNIA SCIENCE CENTER, HANDS-ON SCIENCE CAMP 700 EXPOSITION PARK DRIVE, LOS ANGELES, CA 90037 | OR FAX TO: 213.744.2052
SIGN UP ONLINE AT: CALIFORNIASCIENCECENTER.ORG/CAMP | REGISTRATION HOURS: MONDAY-FRIDAY / 9:00AM - 5:00PM | CLOSED WEEKENDS

CREDIT CARD PAYMENT AUTHORIZATION FORM

ONLINE REGISTRATION
CALIFORNIASCIENCECENTER.ORG/CAMP

INSTRUCTIONS

1. Form must be faxed or mailed along with program registration form when paying via credit card.
2. Fax completed form to: **213.744.2052**

PLEASE CHARGE MY (CHECK ONE)

- VISA MASTERCARD AMERICAN EXPRESS DISCOVER

NAME AS IT APPEARS ON CARD

FIRST

LAST

BILLING ADDRESS

ADDRESS

CITY

STATE

ZIP

BILLING EMAIL

TOTAL AMOUNT

I authorize the California Science Center Foundation to charge my credit card (as provided below) for payment of their products and/or services. If the California Science Center Foundation is unable to process my payment, I will be responsible for providing an alternate payment arrangement, and my space will not be confirmed until a new payment authorization is received.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information given is true.

SIGNATURE OF CARDHOLDER

CARDHOLDER PHONE NUMBER

DATE

CREDIT CARD NUMBER

EXPIRATION DATE

All credit card information is kept secure and confidential. Once credit cards are processed credit card numbers are destroyed. For more information about Hands-On Science Camp or to sign up online, visit californiasciencecenter.org/camp, or call 213.744.7444.

DID YOU REMEMBER TO...

- Review all the information on page 16 & 17
- Complete and sign the Enrollment Form
- Complete the Credit Card Authorization Form for all credit card payments
- If purchasing or renewing a Membership, submit a SEPARATE check (if paying by check) for payment. Membership must be current at the time of class date.
- Mail form to:
California Science Center, Hands-On Science Camp
700 Exposition Park Drive, Los Angeles, CA 90037
OR fax form to **213.744.2052**.
- If faxing your registration, please call **213.744.7444** to confirm that we received it.

REGISTRATION HOURS

MONDAY-FRIDAY
9:00AM-5:00PM
CLOSED WEEKENDS
PLEASE ALLOW
2-3 BUSINESS DAYS
FOR PROCESSING