



# Spring Break Registration Form

Email: [TheArtOfScienceKids@yahoo.com](mailto:TheArtOfScienceKids@yahoo.com)

<https://facebook.com/theartofsciencecamp/>

<http://theartofscience.wixsite.com/theartofscience>

**Camp Location: 1200 30<sup>th</sup> Avenue North, St. Petersburg, FL, 33704**

**For grades K-5**

**March 26-30, 9 AM to 3PM**

**Cost: \$200 (\$180 siblings)**

To register, fill out the form below and send it with your check to:

**The Art of Science, LLC, PO Box 531922, Saint Petersburg, FL, 33747**

Participant's Name: \_\_\_\_\_ Gender: M F Age: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Gender: M F Age: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Email address: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Alternative Emergency Contact (name, cell phone, relation): \_\_\_\_\_

List anyone authorized to pick up your child (make sure they bring photo ID when picking up):

Names: \_\_\_\_\_

Photographic Release: I hereby give my consent to The Art of Science, LLC, or persons operating on its behalf, the unqualified right and permission to take photographs, slides, video or motion pictures of my child(ren) for the purpose of reproductions, publication and illustration in all forms of advertising and publicity media.

I give permission to post pictures of my child.  I DO NOT give permission to post pictures of my child.

List any allergies or medical conditions. If no allergies, please write none: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy number: \_\_\_\_\_

By signing below, I agree with the following: If my child needs medical treatment while participating, it is my wish that the treatment be begun while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes needed, on the understanding that efforts will continue to be made to contact me. I accept responsibility for all cost related to such treatment. By not signing below, treatment will not start until parent/guardian is contacted.

Signature of Parent/Guardian: \_\_\_\_\_

Our projects can be messy. Make sure your child wears clothes that can get stained or dirty for our classes.