

HANDS-ON SCIENCE CAMP REGISTRATION FORM

PLEASE PROVIDE A SEPARATE FORM FOR EACH PARTICIPANT.

First Name _____ Last Name _____ Date of Birth _____ Age _____ M F

Grade (going into) _____ School Name _____

Parent/Guardian First Name _____ Last Name _____ Email _____ Relationship _____

Cell Phone _____ Daytime Phone _____ Home Phone _____

Address _____ City _____ State _____ Zip Code _____

Parent/Guardian First Name _____ Last Name _____ Email _____ Relationship _____

Cell Phone _____ Daytime Phone _____ Home Phone _____

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): _____ Week(s) \$ _____ Fee
Please refer to page 15 for more information.

Optional: For discounted rate registration, become a Member (\$65 Explorer, \$150 Discoverer, \$350 Adventurer, \$550 Pioneer). \$ _____ Fee
Your Membership must be current at the time of the class date.
If purchasing or renewing a Membership, please attach a separate check (if paying by check) for Membership payment.

Current or renewing Members, please indicate your Member ID #: _____ Expiration Date _____
New Members do not need to provide this information. Payment must accompany form.

SUPPORT SCIENCE LEARNING! Please consider making a tax-deductible contribution toward Science Camp scholarships. \$ _____

TOTAL FEE: \$ _____

Camper is under physician 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 Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

PAYMENT INFORMATION: Payments by credit card must be attached with payment authorization form. See previous page.

I have enclosed a check(s) payable to the CALIFORNIA SCIENCE CENTER FOUNDATION.
Please do not send duplicate enrollment forms. There is a \$25 service charge for all returned checks.

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 _____
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: www.californiasciencecenter.org/camp
Registration hours: Mon-Fri 9am-5pm. Closed weekends.

PARTICIPANT INFO

COURSE SELECTION

HEALTH HISTORY

PARTICIPANT AUTHORIZATION

Credit Card Authorization Form

CREDIT CARD PAYMENT AUTHORIZATION FORM

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

_____ City State Zip Code
Billing Address
\$ _____
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 Date Cardholder Phone Number

DID YOU REMEMBER TO: (1) Review all the information on page 2. (2) Complete and sign the registration form. (3) Complete the Credit Card Authorization Form for all credit card payments. (4) 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. (5) 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 enrollment, please call (213) 744-7444 to confirm that we have received it.

ONLINE REGISTRATION:

To sign up online visit: www.californiasciencecenter.org/camp
Registration Hours: Monday - Friday 9 am - 5 pm. Closed Weekends.
Please allow 2 - 3 business days for processing.

All credit card information is kept secure and confidential. Once credit cards are processed credit card numbers are destroyed.

Credit Card #: _____ Expiration Date: _____