



Science Discovery

UNIVERSITY OF COLORADO **BOULDER**

Summer Registration Form

Phone: 303-492-7188 Fax: 303-735-6443

Email: scidisc@colorado.edu

4001 Discovery Dr., 610 UCB, Boulder, CO 80303

Please fill out one form for each child to be registered.

Name of Student: _____

Date of Birth: _____ Gender: _____ School: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Contact Phone*: _____

*This will be the first number called in an emergency situation. There will be an opportunity below to add additional phone numbers.

Camp Name and Location	Date and Time	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Medical Information

Does your child have a medical or behavioral condition you would like to make us aware of? YES NO

Is this condition life-threatening? ** YES NO N/A

If you answered 'Yes' to either of the above questions, please state the condition here: _____

Will it be necessary for CU Science Discovery to administer medication for this medical or behavioral condition during camp hours? YES NO N/A

Does this condition require that a health care plan be submitted to your child's school? YES NO N/A

Does your child require an EpiPen due to a severe allergy? YES NO

Does your child use an inhaler due to asthma? YES NO

Photo Consent

Participants in University of Colorado events are sometimes photographed and videotaped for use in promotional and education materials. I understand that, if I provide consent herein, such audio, video, film and/or print images of Participant student may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted in any form and manner without payment of fees. I authorize the University of Colorado to record and photograph Participant student's image for research, educational and promotional purposes.

REQUIRED Do you give permission for your son/daughter to be photographed or video taped for promotional purposes? YES NO

Parent/Guardian Information

Parent/Guardian Name: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email: _____

Secondary Parent/Guardian: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email: _____

Science Discovery provides free lunchtime supervision from 12-1 pm for students taking an AM and PM camp **at the same site (e.g., CU Main Campus, Science Learning Lab/East Campus, Fiske Planetarium/Main Campus, Fleming Building/Main Campus, CCD)**. Please bring a bagged lunch.

**If your child has any life threatening allergies or medications, please complete the appropriate medical forms and fax, email or submit them in person to Science Discovery upon registration. Any student who may require treatment for allergies or asthma or who may need medication administered during a Science Discovery program must have an approved Medical Care Plan on file. Plans cannot be turned in on the day of camp.

PLEASE READ CAREFULLY BEFORE INITIALING AND AGREEING TO TERMS. THIS DOCUMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

LIABILITY RELEASE FOR ALL CU SCIENCE DISCOVERY PROGRAMS:

I understand that, while CU Science Discovery is committed to thorough supervision of all camp activities, there are inherent risks in attendance at summer camp. I understand and assume all associated risks of personal injury or loss, bodily injury (including death), damage to, loss, or destruction of any personal property occurring in connection with or arising out of Participant student's participation in a CU Science Discovery program.

I hereby release and discharge, indemnify and hold harmless The Regents of the University of Colorado, a body corporate, and its member officers, agents, employees and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, costs and expenses, and causes of action whatsoever, either in law or equity, arising out of or in any way connected with any loss and/or bodily injury and/or disability, arising from participation in a CU Science Discovery program.

I authorize, in a medical emergency, after reasonable effort has been made to notify me, that CU Science Discovery Camp staff may seek emergency assistance and medical treatment for Participant student at the parent/guardian's expense. I certify that I have adequate insurance to cover any injury or damage Participant student may cause or suffer while participating, or I agree to bear the costs of such injury or damage myself.

SUMMER CAMP TERMS AND CONDITIONS:

1. CANCELLATION/REFUND POLICY

CU Science Discovery has designed its cancellation policy to minimize the number of camp spots that are unused due to last-minute cancellations.

Cancellations made more than 15 business days prior to the start of the camp will incur a \$35 administrative fee. NO refunds will be given for cancellations made within 15 business days of the start of the camp. In the event that a camp is cancelled by CU Science Discovery, registrants will receive a full refund.

Transfer requests made up to 15 days prior to the start of the camp will incur a \$15 administrative fee. Transfer requests made within 15 business days will incur a \$35 administrative fee.

Please note: CU Science Discovery reserves the right to remove any student from the program if s/he displays any behavior that is harmful to others and/or disruptive to the camp.

2. AGE POLICY

Students must be **at least 5 years old** to attend a CU Science Discovery camp. Please respect the stated age guidelines and only register your child(ren) for camps in their age group. Falsifying this information may result in your child being dropped from a camp.

3. MEDICATION POLICY

Any student who may require medication for allergies or asthma during a CU Science Discovery program must have an approved Medical Care Plan on file. Please download the relevant form(s) attached to your confirmation email. Signed forms must be submitted to CU Science Discovery immediately upon registration and **no later than 20 business days prior to your child's camp start date**. Failure to

submit these documents within the specified timeframe may result in your child 's registration being cancelled. In this case, no refund will be issued.

Having had sufficient time to review and seek explanation of the provisions contained above, by agreeing to the terms of CU Science Discovery and marking my initials, I voluntarily give consent and agree to the above Informed Consent, Permission, Release, Assumption of Risk and Summer Camp Terms and Conditions.

INITIALS _____

Payment Information

Cardholder Name: _____

Credit Card Number: _____ - _____ - _____ - _____

Exp. Date: ____/____

Billing Address (if different from above): _____

If you would prefer to pay by check, please make payable to 'University of Colorado SD' and enclose with this registration form.

Signature: _____ Date: _____