

# THE BISHOP

## Museum of Science and Nature

### 2020 Summer Camp Registration, Waiver & Payment Form

**Camper's Name:** \_\_\_\_\_

(Please fill out one form per camper)

Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  M  F      Entering Grade:     2    3    4    5

Known Allergies and/or Health Issues: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Child's Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a Museum Member?     Yes, Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_     No

Emergency Contact: \_\_\_\_\_      Emergency Contact Phone: \_\_\_\_\_

**Waiver**

*As a parent or legal guardian, I give the child named on this registration form permission to participate in The Bishop Museum of Science and Nature's Summer Camp Program(s). I understand that some activities may involve a degree of risk. With my signature, I hereby release discharge and hold harmless The Bishop Museum of Science and Nature and its officers, trustees, employees, supervisors and volunteers from all claims including from any and all liability and responsibility in connection with such activities and hereby release all parties from liability by reason of accident or injury suffered by said child while engaged in such activities.*

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

- Eligible Discovery Society Members..... **\$200** per session
- Additional Discovery Society Camper\*..... **\$180** per session  
\*10% Family Discount offered to eligible Discovery Society members with additional campers each week
- Non-Discovery Society Member Camp..... **\$250** per session

		<b>Enclosed Payments</b>	
<input checked="" type="checkbox"/>	<b>Elementary School (grades 2-5)</b>		Total Session Fee
	Week 1: June 8-12	<i>Camp CSI</i>	
	Week 2: June 15-19	<i>Choose your "ology"</i>	
	Week 3: June 22-26	<i>Building for Motion</i>	
	Week 4: June 29-July 3	<i>Sharks</i>	
	Week 5: July 6-10	<i>Geography and Mapping</i>	
	Week 6: July 13-17	<i>It's Electric</i>	
		<b>Total Amount Enclosed</b>	

Continued on reverse.....

## EMERGENCY MEDICAL TREATMENT AUTHORIZATION

<b>Payment Method:</b>	
<input type="checkbox"/> CASH ( <i>In Person Only</i> )	
<input type="checkbox"/> CHECK # _____ enclosed	
CREDIT ( <input type="checkbox"/> AMEX / <input type="checkbox"/> DISC / <input type="checkbox"/> VISA / <input type="checkbox"/> MC	
# _____	EXP: ____/____/____
CSC#:	SIGNATURE: _____

**RELEASE AND WAIVER OF LIABILITY:** I give permission for The Bishop Museum of Science and Nature ("The Bishop") staff to provide any non-emergency first aid assistance they feel appropriate for the child named above. I also give permission to the doctor or hospital personnel to provide emergency medical treatment and or anesthesia to be administered in my absence. This authorization includes but is not limited to, any emergency treatment and/or surgical procedure(s) deemed necessary by the qualified personnel. I understand that by law, a health facility cannot provide needed treatment unless the parent/guardian is with the child or provides appropriate authorization.

I will be responsible for any and all medical expenses that may be incurred. In consideration of the right to participate in The Bishop Summer Camp Program, I, for myself and my minor child, have and do hereby assume all risks and will indemnify and hold harmless The Bishop, its employees, trustees, officers, volunteers and members from any and all liability, actions, causes of action, debts, claims, demands or other liability of every kind and nature whatsoever which may arise from or in connection with my child's participation in any activities sponsored by The Bishop whether caused by ordinary negligence or otherwise. This signed agreement will serve as a release or assumption of risks for my heirs, executor and administrators, assigns, or next of kin and for members of my family. If any portion of this release is found invalid the balance will remain in full legal force and effect.

I also agree to instruct my child to cooperate and comply with all reasonable directions and instructions received from Summer Camp instructors or museum staff. I understand that any violation of these rules will result in consequences, potentially including dismissal from the camp. I understand that if my child is dismissed, I will not receive a refund for the camp.

<b>Parent/Guardian Signature:</b> _____	<b>Date:</b> _____
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**PHOTO RELEASE:** The undersigned hereby authorizes The Bishop personnel to photograph, film, and/or interview the Summer Camp student named above during camp sessions and to prepare presentations, photographs, video and audio tapes, movie films, and computerized multimedia in which the student will appear, so as to inform the public about educational programs at The Bishop. All rights, royalties, and materials will belong to The Bishop Museum of Science and Nature.

PLEASE CHECK ONE

\_\_\_\_\_ I, the undersigned, **hereby release and discharge** The Bishop Museum of Science and Nature from any and all claims and demands arising out of or in conjunction with the use of visual and audio recordings.

\_\_\_\_\_ I, the undersigned, **do NOT agree with the above and do NOT** want my minor child to be photographed, filmed, and/or interviewed for the above purposes.

<b>Parent/Guardian Signature</b> _____	<b>Date:</b> _____
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<b>Staff Use Only:</b> Received By: _____ Date Completed: ____/____/____
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