



STUDENT INFORMATION RELEASE FORM

PARENTS, please complete this form & bring it to the site on MONDAY.
1.888 458 1812 www.scienceadventures.com

Please print.
Site Location _____ Student's Name _____ Site Start Date(s) _____
Parent/Guardian _____ Best # to Reach me _____ Alternate # _____ Email Address _____
Address _____ City _____ State _____ Zip Code _____
Alternate Contact Person _____ Contact # _____

Alternate Pick-Up Authorization

Please list names of individuals besides yourself who are authorized to pick up your child from camp.

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

My child has permission to walk home. no yes

I understand that the program ends at **12:00 noon (half-day)** or **3:30 pm (full-day)** and agree that I will pick up my child/children at this time. Should extended hours be available please verify with the Science adventures Lead Instructor correct pick-up time. Times vary by site location.

Please provide the Science Adventures™ Lead Instructor with any information needed to meet your child's individual needs. If additional forms were provided during the enrollment process (Medication Authorization Form); the completed forms must be provided to the Science Adventures™ Lead Instructor on the first day of the program.

Authorization of Consent to Treatment of a Minor

Completion of this section enables parents to authorize emergency treatment for their children.

****If your child has severe allergies, you will need to complete an additional form.****

I, the undersigned, parent/guardian of _____, a minor, do hereby authorize Knowledge Learning Corporation, d.b.a. Science Adventures ("KLC"), as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, hospital care or any other medical treatment which is deemed advisable by, and is rendered under the general or specific supervision of any physician and/or other licensed medical practitioner.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to KLC to give specific consent to any and all such diagnosis, treatment or hospital care which a physician or licensed medical practitioner may deem advisable.

This authorization shall remain in effect for one year from this date ____/____/____, unless sooner revoked in writing and delivered to KLC.

I hereby authorize my child/children to attend the Science Adventures™ program at the designated locations and/or parks and to participate in field trips. I give the Science Adventures™ Lead instructor permission to take any necessary action in the event of an emergency.

Allergies _____

Activity Restrictions or Precautions _____

List any special needs or important info about your child's medical history/behavior _____

Liability Release-Accidental Injury

I, the undersigned, parent/guardian of _____, hereby acknowledge that my child/children and I freely agree to release and hold harmless Knowledge Learning Corporation, d.b.a. Science Adventures, and its affiliated entities, participating private entities, and/or any cooperating or sponsoring public entities and their respective officers, directors, shareholders, employees and/or agents from any liability for accidental personal injury or property damage which I or my child/children may suffer arising out of his/her participation in the Science Adventures™ programs. I realize that video/photos may be taken at camp by Science Adventures staff or others for fun memories and/or marketing purposes, and I give permission for my child/children to be included in such pictures and authorize KLC to use such video/photos and I understand that I will receive no compensation for any such use. If any field trip requires transportation, my signature also acknowledges my permission for my child/children to ride as a passenger in any vehicle owned, leased, or authorized by KLC and its participating entities or subsidiaries.

Parent/Guardian (print name)

Signature

Today's Date

STUDENT'S ACKNOWLEDGMENT

Program Rules - Parents/Guardians: Thank you for reviewing the program rules with your child/children.

1. I will respect the Science Adventures Lead Instructors and fellow Students.
2. I will listen and follow directions.
3. I will stay with my group.
4. I will have fun!

I have read the Science Adventures™ Program rules and I will abide by these rules. I understand that if I do not follow these rules, my parent/guardian may be called to come and pick me up at any time.

Students Signature _____

Date: _____



Science Adventures Summer 2009 Science Day Camp

Welcome to Summer Camp! We are looking forward to your participation in our exciting camp. Please review the following information to ensure a comfortable and successful camp experience.

Arrival at Camp

Arrive between 8:50-9:00 a.m. Supervision is not provided prior to 8:50 a.m. Meet your child's instructor and sign them in each day. If you have not already requested your child to be in the same group as a friend or sibling call 1-888-458-1812 at least three weeks prior to camp start date. This request for group change cannot easily be accommodated at the camp site.

Picking Up Your Children

Arrive shortly before 12 noon for half-day campers or 3:30 p.m. for full day campers. Meet the instructor and sign your children out each day. Please be on time.

Student Information Release Form

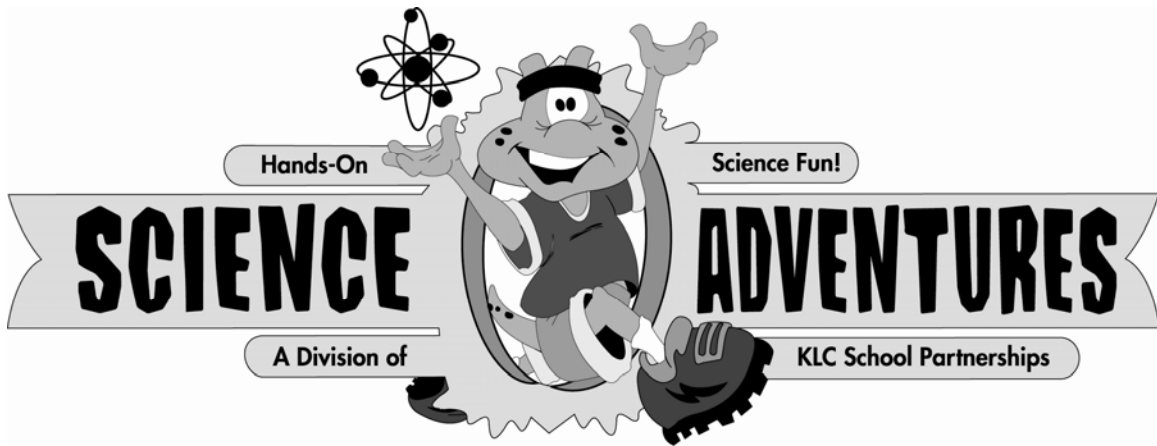
The safety of your child is our #1 concern. Please print and complete the Student Information Release Form and give it to the instructor upon arrival at the first day of camp. **DO NOT MAIL TO SCIENCE ADVENTURES.**

What to Bring to Camp

- Bring a printed copy of this confirmation email Monday morning
- Please dress appropriately, wear sneakers or comfortable footwear.
- At outdoor sites, most of our time will be spent outdoors - **REMEMBER TO BRING SUNSCREEN!**
- Bring a morning snack and drink for half day campers.
- Bring a packed morning snack, lunch and drinks for full day campers.
- We recommend using insulated lunch boxes.
- We recommend that all lunches and personal belongings are labeled with your child's name & phone number. We are not responsible for lost or stolen items.
- Canteens and backpacks are optional.
- **NO RADIOS OR ELECTRONIC GAMES PLEASE!**

Rocket Launch

Rocket Launch Day is an all day event. Campers who are enrolled in the Space & Rocketry session may be going on a field trip to a launch site on either Thursday or Friday. Some campers will launch at the camp site while others will travel to the launch site by bus. Buses will leave the camp site between 9:00-11:00 a.m., and will return to the camp site by 3:30 p.m. Half day campers may participate in the field trip and will attend camp for a full day. Parents who wish to attend may follow the bus and spend the day with their camper(s)! Details regarding the rocket launch will be posted at camp



SUMMER SCIENCE DAY CAMP

Place on dashboard of vehicle during camp week. This is not a permit to park.
Vehicles may be subject to ticketing if in violation of parking codes.

DROP-OFF TIME

8:50 – 9:00 am

PICK-UP TIME

11:50 – 12:00 -or- 3:20 – 3:30