**Exploration Station Summer Camp Registration Form 2017**

Child’s Name

Age

 Parents/Guardian

Allergies

Contact Number

Other person(s) authorized to pick up child

Contact Number

 **Please check each camp your child will attend**.

 June 12-16~Community Hero Camp $65

 June 19-23 ~Get Up and Go Fitness Camp $65

 June 26-30~Mermaids and Pirates: $65

 June 27-July 1~Art Invasion Camp: $65

 July 3-7~Camp will not be held this week

 July 10-14~Visual Arts Camp: $65

**Fees do not include tax**

 July 17-21~Super Hero Camp: $65

 July 24-28~Discovery Science Camp: $65

 July 31-Aug. 4~Food Fit, for Kids Camp: $65

 August 7-11~Performing Arts Camp: $65

 August 14-18~Waves of Sunshine $65

I, the parent or guardian of the above named child, having been informed of the above designated activities presented by Exploration Station, do hereby request that my child be accepted as a participant in said activity.

In consideration of my child being permitted to participate in said activity, I do hereby assume responsibility for any accident or injury which may occur while my child is engaged in activity participation or necessary transportation incidental to activity participation and I do hereby, on behalf of myself, my child, my heirs, executors and administers, waive and release and forever discharge any and all rights, claims, demands, and causes of actions for damages which I or my child may have or might otherwise hereafter have against Exploration Station, Robeson County Partnership for Children, or the City of Lumberton, its officers and employees, activity, for any and all injuries and damages which I may suffer while engaged in activity participation, necessary transportation incidental to activity participation or as a result thereof. Witness my hand and seal on the hereinafter listed date.

 I DO give permission to video/photo my child for evaluation, record keeping, and marketing purposes.

 I DO Not give permission to video/photo my child for evaluation, record keeping, and marketing purposes.

Signature Date

*To be completed by Exploration Station Staff*

Member ⭘ Non- Member ⭘ Amount Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Due