

Campers Name: _____
(for quick reference)

Transaction Code: _____
(for office staff)

TRUASSIC PARK ADVENTURE CAMP!

AKRON FOSSILS & SCIENCE CENTER **CAMP REGISTRATION FORM (2010)**

MAIL TO: Akron Fossils & Science Center 2080 S. Cleveland-Massillon Rd. Copley OH 44321. You may also fax this form to 330.665.4548

Camper's Name: _____

(Please fill out separate forms for each child)

Likes to be called: _____ Boy Girl

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

Other Phone: _____

Names of Parents living with child: _____

E-mail Address : _____

Date of Birth: ___/___/___ **Age (while attending camp):** _____

Grade in school this fall: _____

PARENTS PLEASE SIGN

I, the undersigned parent/guardian of this minor child, give permission for this child to participate in Truassic Park Adventure Camp. I give permission for my child's picture to be taken to be used on the camp's website or in camp publications. I hereby give permission for the adult bearer of this document or a photocopy thereof to give consent for emergency medical or surgical treatment of my child by a licensed physician.

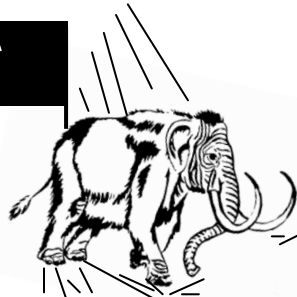
(Sign Here) _____

Date: _____

CAMP SESSION(S)*

Our camps runs 9:30 am – 12:30 pm Tuesday thru Friday

- Camp 1: July 6-9
 - Camp 2: July 13-16
 - Camp 3: July 27-30
 - Camp 4: August 3-6
- } (ages 5-11)



REMEMBER: Registration closes 1 week prior to the start of each camp session. No exceptions.

* Our camps are not consecutive. We conduct the same one week long day camp four separate times during the summer.

PAYMENT

Full payment is due with registration form

- One Camper: \$90
- Family Discount: \$80 per child

Total amount enclosed

\$ _____

A \$20 non-refundable fee is included with the registration price.

Please make checks payable to Akron Fossils & Science Center

Payments can be made with Visa, MasterCard and Discover by calling the Science Center at: 330.665.DINO



HEALTH AND PARENTS CONSENT FORM

Camper's Name: _____

Parent's Phone number: _____

Work Number for _____ is _____

Each camp runs from 9:30 am to 12:30 pm Tuesday through Friday

In case of an emergency, whom should we notify if we cannot reach you?

Name: _____ Relationship: _____

Emergency phone number (day time) _____

Allergies or other physical needs/limitations: _____

