

SPACE EXPLORERS SUMMER CAMP 2009

Chabot Space & Science Center's Camp Medical Information and Release Form

This form must be completed and signed by Parent/Guardian and returned to Chabot *before* your child starts camp.

I give the following people permission to drop off and pick up my child(ren) at camp (note: your child will only be released to the adults you list below unless otherwise discussed with camp coordinator):

1) Drop Off/Pick Up Name (please print clearly): _____

Drop Off/Pick-Up Phone Number (please print clearly): _____

Relationship: _____

2) Drop Off/Pick Up Name (please print clearly): _____

Drop Off/Pick-Up Phone Number (please print clearly): _____

Relationship: _____

Please list allergenic or medical conditions that Chabot or medical attendees should be aware of:

I, _____, the parent/guardian of
print your name above
_____, hereby give permission for her/him to participate in
print your child's name

Chabot Space & Science Center's summer camp program. I understand that the camp will take place at Chabot Space & Science Center and nearby outdoor facilities will include science, technology, and nature related activities. I understand that participation in these activities is voluntary.

I release Chabot Space & Science Center of liability for property damage, theft, or personal injury to my child/ward during or by reason of these activities. I authorize those in charge to furnish reasonable emergency treatment during this camp program for my child.

In the event my child, a minor, becomes ill or sustains an injury while in the care or under the supervision of the directors, counselors, or instructors of the Chabot Space & Science Center, any of its professional staff is given permission to administer First Aid for his/her relief. If it is not practical to return my child to me or to receive my instructions for his/her care, I do hereby authorize Chabot Space & Science Center as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the provisions of the Medicine Practice Act by the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required. This authorization is given pursuant to Section 25.8 of the Civil Code of California and remains effective only for the dates of the camp(s) being attended. I further understand that every effort will be made to immediately contact me should any illness or accident occur to my child during the camp.

I will not hold liable Chabot Space & Science Center or its directors, agents, or professional staff for medical aid rendered and will reimburse Chabot Space & Science Center or its directors, agents, or professional staff any medical or other expenses incurred in the care of my child.

Signature of Parent/Guardian _____ Date _____
Printed Name _____

Photograph Release Form (Parent/Guardian)

Class/Event: _____ (if camp, please indicate which session(s))

Date: _____

Instructor: _____

I, _____, hereby give permission for pictures
of my

(parent/guardian- please print)

son/daughter/ward, _____, to appear on any Chabot
Space &

(full name-please print)

Center marketing materials. I understand that participation is purely voluntary and without compensation, and that all materials and images will be owned solely by the Chabot Space & Science Center. I hereby give permission for Chabot Space & Science Center to use, display, license, sell, publish, etc. the images, as well as use images in any form of advertising.

I release Chabot Space & Science Center from any and all liability for personal injury to my child/ward during or by reason of this activity.

Parent/Guardian Signature

Date

Child's Name

Date

Address: _____

City/State/Zip: _____

E-mail: _____

Chabot Space & Science Center

2009 Space Explorer Summer Camp Scholarship

Scholarships awarded on a **first come, first served basis**- please apply early
Scholarships will be awarded depending on the availability of funds.
Scholarships defray 80% of the camp fees for qualifying families.

Eligibility

Scholarships are awarded to children whose family can demonstrate financial need based on proof of one of the following:

1. Proof that your family receives assistance through the school lunch program
2. Proof that your family receives assistance through AFDC
3. Proof that your family receives assistance through the following state funded programs: Section 8 Housing, Food Stamps, WIC, or SSI

Please submit a photocopy of documents related to your current participation in one of the above listed programs. Submit this scholarship application along with your Space Explorer Summer Camp application.

To Apply

1. Complete the one-page scholarship application.
2. Complete a camp registration form and be sure to list an alternate choice in case your first choice is full. **You may apply for a scholarship for one camp per participant.**
3. Enclose payment for class. If no funds are available or the camp is full, your money will be refunded. Calculate your fee below for 80% Scholarship :

Camp Price \$ _____ x .20 = \$ _____ (total amount you pay)
4. Mail scholarship application, photocopy documentation of public assistance program, camp registration form, and payment to: 2008 Summer Camps, Chabot Space & Science Center, 10000 Skyline Blvd., Oakland, CA, 94619

Please note that the refund policies listed in the camp catalogue apply to scholarship co-payments. If you have questions about our policies call (510) 336-7426

Chabot Space & Science Center
2009 Space Explorer Summer Camp Scholarships
Please print legibly

Our Family receives public assistance from (check the applicable program):

- School Lunch Program
- AFDC
- Section 8 Housing
- Food Housing
- WIC
- SSI

We are applying for a scholarship for 80% of the camp fee. I am submitting a legible photocopy of document(s) showing my current participation in the program checked above.

The information I have provided with this form is accurate.

I understand that all information is kept strictly confidential and has been requested for the sole purpose of establishing financial need. All scholarships are awarded on a need-basis only.

Name of camp participant (print) _____

Name of parent/guardian (print) _____

Signature of parent/guardian _____