



AMERICAN MUSEUM OF SCIENCE & ENERGY

2019

SPRING CAMP

March 18-22, 2019 • Monday – Friday, 9:00 - 3:00

5th, 6th, & 7th Graders

\$150 for members • \$160 for non-members

Description:

AMSE's Science Camp is designed for fifth, sixth, and seventh graders, with a focus on a variety of science topics approached via hands-on activities. Located at the new American Museum of Science and Energy at 115 Main Street, Oak Ridge, TN, campers cover topics such as life sciences, physical sciences,

Bring: Lunch with a drink; an afternoon snack will be provided.

Additional Information about Spring Camp

- Spring Camp has a maximum of 25 campers and a minimum of 20. Should 20 campers not enroll, the camp will be cancelled and your money will be refunded.
- Spring Camp takes place at the new American Museum of Science and Energy at 115 Main Street, Oak Ridge, TN 37830.
- Payment is due with registration form.
- Camp ends at 3:00. Campers can be picked-up from camp between 3:00 pm - 3:30 pm. A late fee of \$20 per 10 minutes will be charged should your camper not be picked up by 3:30 pm.
- Parents or guardians that pick up the campers must be able to provide ID and be on the pick-up list.

For more information call (865) 294-4531 or on the web at www.amse.org

Sponsored by the American Museum of Science and Energy Foundation
and Reptile Bliss/The Reptile Bliss Resort.



Return completed registration forms to: AMSE Spring Camp, 115 Main Street East, Oak Ridge, TN 37830



115 Main Street East | Oak Ridge, TN 37830 | (865) 576-3200

For office use only:	
Date Received	_____
Amount Paid	_____
Check#	_____ Cash _____

2019 Spring Camp Registration Form

Return completed registration form to: AMSE Spring Camp, 115 Main Street East, Oak Ridge, TN 37830

Camper Profile

Camper Name _____
Last Name _____ First Name/Name Goes By _____

Street Address _____

City _____ State _____ ZIP _____

Home Phone _____

Science Explorer | March 18-22, 2019 | 9:00-3:00
5th, 6th, & 7th graders | \$160 (\$150 for members)

Payment Options: Cash Check (Made payable to AMSE) # _____
 Credit Card (Visa, MC, & Discover) # _____ Exp. Date _____

Family Profile

Mother's Name _____ Cell/Other Phone _____
First Name _____ Last Name _____

Place of Business _____ Business Phone _____

Father's Name _____ Cell/Other Phone _____
First Name _____ Last Name _____

Place of Business _____ Business Phone _____

Family E-mail address _____

Authorized Pick-up and Emergency Contact

List in order the names of anyone, other than mother and father, you wish AMSE to contact for emergency purposes or whom you authorize to pick up your child. Specify relative, friend, etc., and phone number.

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

3. Name _____ Relationship _____ Phone _____

How did you first hear about the camps offered at AMSE? _____
New campers only.

Please complete both sides

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2019 SPRING CAMP

Parent Authorizations and Policies

To the best of my knowledge this information is correct, and the individuals herein described have permission to engage in all camp activities unless restrictions are noted.

Realizing that a sudden illness or accident may happen to a camper, I hereby ask AMSE to use their best judgment in such cases in caring for my child/children. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by AMSE to secure and administer treatment, including hospitalization, for my child/children. I authorize AMSE to provide or arrange necessary transportation for my child/children. I further understand that camp fees do not include accident or illness insurance and **AMSE is not responsible for any expenses incurred**, and I agree to release any records necessary for insurance purposes. A completed Health Information and History for each camper is required prior to participation.

I give permission for use of my child/children in promotional photographs and/or videos. I give permission for my child/children to be interviewed, photographed, and/or video taped by the news media, including newspaper, television, and/or radio, for AMSE/camp community interest stories.

I have read and understand that tuition is due at the time of registration and AMSE reserves the right to cancel enrollment if fees are not paid. **I understand that I may receive a full refund if I cancel a session more than two weeks prior to the start date of the camp session, and that no refund is offered after the three week cut off date.** I understand that it is my responsibility to contact AMSE in the event I must cancel a session of camp. I understand there is no refund should my child/children be sent home for not complying with AMSE and camp rules.

These authorizations and policies constitute the full understanding of the parties hereto and no change, modification or waiver of any of these authorizations and policies shall be effective unless in writing and signed by both parties.

Parent's Signature _____ Date _____

Camper Health Information and History

Camper Name _____

_____ Last Name First Name MI

Birthdate _____ Gender Male Female

Medical Insurance Carrier _____ Group/Policy# _____

Address: _____ Phone _____

Name of family physician _____ Phone _____

Name of dentist/orthodontist _____ Phone _____

Restrictions Explain fully any and all restrictions that apply. _____

Allergies: List allergies to medication, food, insect bites/stings, etc., include symptoms (use additional paper if necessary) _____

Medications: List all prescriptions and non-prescriptions camper takes routinely: include dosage, and reason for medication. _____
