



## 2010 Summer Camp Policies, Information, and Registration

### Policies and Information

#### Cost and Pricing

- In general, the pricing for the high-quality, hands-on science instruction offered at *A Time for Science (ATFS)* camps is targeted at \$6.50 to \$8.00 per hour and depends on the equipment and consumables involved.

#### Enrollment - Registration

- Separate registration forms must be filled out completely for each participant
- Registrations may be submitted by mail, in person, or by e-mail and will be dated on the day of receipt. However enrollment cannot be reserved until the enrollment fee is paid in full.
- Enrollment fees can be made by cash or check and should be made out to *A Time for Science/GGCF*.

#### Payments and Refunds

- Secured reservations can be made only upon receipt of full payment
- No refunds are made as of one day prior to the start of the camp
- A full refund, less a \$20 processing may be made up to 14 days prior to the start of the camp and such refund requests must be written and delivered in person, by mail, or by e-mail.
- Partial refunds, less a \$20 processing fee, are available on a sliding scale between 13 and 1 day prior to the start of camp.

#### Discounts

- Discounts are available for siblings residing in the same household and enrolling together in and attending the same camp.
- Multiple discounts apply only after the first enrollment (i.e., on second or third enrollment from the same household for the same camp)

#### Scholarships

Full or partial scholarships can be considered for prospective participants under appropriate circumstances. To request scholarship assistance or to contribute to the *ATFS* scholarship program please contact us.

#### Food – Medical – Special Needs

- For camp participants with food allergies, parents/guardians must check the appropriate box on the on the form denoting the allergy. *ATFS* is NOT RESPONSIBLE for supplying snacks for camp participants with food allergies.
- *ATFS* may supply drinks but parents/guardians are to supply the camp participant's one snack for half-day campers and two snacks and a lunch for full-day campers.
- Medical needs or special needs must be identified on the enrollment registration form
  - This is particularly true for extreme food allergies
  - Such information should be identified at least two weeks in advance so that food restriction information may be passed on to other parents/guardians and to camp personnel.
  - List any needed medications, including behavior modification medications on the enrollment registration form
- Camp participants may not administer any medicines to themselves while at *ATFS*.
  - Parents/Guardians should make all efforts to administer medications before or after camp sessions and inform Camp personnel should there be any problems in this regard..
  - *ATFS* CANNOT ADMINISTER MEDICATIONS OF ANY TYPE.

#### Make Up Sessions

- No make-up sessions are available for sessions missed due to no fault of *ATFS*.

**Registration**  
***(Please type or print clearly)***

**Camp Participant**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

**Parents/Guardians**

1<sup>st</sup> Name \_\_\_\_\_ 2<sup>nd</sup> Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Pick-up Information**

Participants must be signed in and out of camp each day

Which parent/guardian will pick up participant from camp \_\_\_\_\_

If other than parent/guardian list name and number \_\_\_\_\_

**Emergency Contact Information**

Alternative Emergency Contact – In the event **ATFS** is unable to contact either of the parties listed above in an emergency situation, whom should be contacted

Alternative Emergency Contact Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Doctors Name/Practice \_\_\_\_\_ Phone No. \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

**Medical – Special Needs Information**

List medical conditions and/or special needs camp personnel should be aware of.

Condition(s) \_\_\_\_\_

Allergies \_\_\_\_\_

Medications (including behavior modification medications – also please indicate whether there has been a recent change in such medications.)  
\_\_\_\_\_

**Camp Information**

Biodiversity – My Favorite Place

Discount (if any) \_\_\_\_\_ Total Cost \_\_\_\_\_

Get a Jump on Science Fair

Discount (if any) \_\_\_\_\_ Total Cost \_\_\_\_\_

To complete registration please review and sign the RELEASE OF LIABILITY and PHOTO RELEASE agreements below.

**RELEASE OF LIABILITY AGREEMENT**

This Release of Liability Agreement is intended to be read and signed by all participants of Pitt County's Contentnea Creek Environmental Education Center, A Time for Science's Nature and Learning Center, and Bray Hollow, LLC's Land Conservancy. This Release of Liability Agreement is intended to cover all educational, scientific, recreational and/or other activities engaged in on the property and premises of Pitt County's Contentnea Creek Environmental Education Center, A Time for Science's Nature and Science Learning Center, and Bray Hollow, LLC's Land Conservancy.

In return for Pitt County, A Time for Science, and Bray Hollow, LLC allowing me/my child to participate in activities in/on the Pitt County Contentnea Creek Environmental Education Center, the A Time for Science Nature and Science Learning Center, and Bray Hollow, LLC Land Conservancy, I agree as follows:

1. I am competent to read and sign this "Release of Liability Agreement."
2. I understand that I/my child am/is participating in Pitt County's Contentnea Creek Environmental Education Center, A Time for Science's Nature and Science Learning Center, and Bray Hollow, LLC's Land Conservancy freely and voluntarily and that participation in said activities is a privilege and that this privilege is a tangible benefit to me/my child.
3. I understand and appreciate the inherent risks and dangers of participating in the Pitt County's Contentnea Creek Environmental Education Center, A Time for Science's Nature and Science Learning Center, and Bray Hollow, LLC's Land Conservancy that could result in property damage and/or personal injury and I agree to assume all risks arising as a result of my/my child's participation in said activities.
4. I will hold harmless and indemnify Pitt County Government, A Time for Science, and Bray Hollow, LLC, and its officials, administrators, employees and all sponsors and individuals assisting in the Contentnea Creek Environmental Education Center, the Nature and Science Learning Center, and Bray Hollow Land Conservancy for any liability and all claims of damages, demands and actions whatsoever resulting from my/my child's participation in said activities.
5. I acknowledge that I/my child am/is of such health and reasonable fitness to safely participate in the Contentnea Creek Environmental Education Center, the Nature and Science Learning Center, and Bray Hollow Land Conservancy.
6. In the event that I/my child am/is rendered unable to communicate due to illness, accident, or emergency while participating in the Contentnea Creek Environmental Education Center, the Nature and Science Learning Center, and Bray Hollow Land Conservancy, I hereby give permission to a Physician selected by Pitt County, A Time for Science, or Bray Hollow's personnel to hospitalize, secure proper treatment for, and to take whatever medical actions are necessary to treat me/my child.
7. For participation in repeat activities scheduled for multiple visits at Pitt County's Contentnea Creek Environmental Education Center, A time for Science's Nature and Science Learning Center, and Bray Hollow, LLC's Land Conservancy, I authorize the continued effectiveness of this release for a period of one (1) year from the time of its execution.
8. In the case of my minor child, I agree that my signature as only one parent/legal guardian shall be construed as expressing like agreement from all parents/legal guardians.

**VOLUNTARY PERMISSION FOR IMAGE RELEASE**

I understand that I/my child am/is participating in an activity in conjunction with Pitt County's Contentnea Creek Environmental Education Center, A Time for Science's Nature and Science Learning Center, and Bray Hollow, LLC's Land Conservancy and that photo images may be taken for a variety of purposes. I will permit the release my/my child's picture in conjunction with news and/or information regarding the Contentnea Creek Environmental Education Center, the Nature and Science Learning Center, and the Land Conservancy. This includes webpage, newspapers, print or electronic newsletters, brochures, and other print and/or electronic media.

**I have read and understand the Summer Camp Policies and Requirements, the Release of Liability Agreement and the Image Release Agreement. My signature below constitutes my agreement with same.**

**PARENT/GUARDIAN SIGNATURE FOR MINOR (Under 18) PARTICIPANT**

\_\_\_\_\_  
**Full Name, Minor (Printed)**

\_\_\_\_\_  
**Parent/Guardian (Print)**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**Date**

**CONTACT INFORMATION**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE (H/O) \_\_\_\_\_ (C) \_\_\_\_\_ E-Mail \_\_\_\_\_