



Exploration and Enjoyment in the Environment

Registration and Release Form -- Summer Science Camp 2008

Session(s) of camp desired: _____ July 7 - 10 _____ July 14 - 17 _____ July 21 - 24

Child's Name _____
Print clearly

Address _____

Age in June 2008 _____ Grade in September 2008 _____

School attended in 2007-2008 _____

Parent/Guardian Name _____
Print clearly

Telephone # Home _____ Work _____ Cell _____

One week -- \$160 Two weeks -- \$300 Three weeks -- \$440 Amount enclosed _____

Medical Information and General Release

Please note any medical conditions or allergies. Safety is our first priority.

I give my permission to the staff of E³ Summer Science Camp to seek emergency medical treatment for my child. During camp hours I agree to be available by phone at the number(s) listed above.

Parent / Guardian sign here _____

In consideration for my child, _____, being permitted to participate in the E³ Summer Science Camp, I hereby release from liability, and promise not to sue, E³ Outreach, or its officers, agents, or employees, for any injury or loss that my child may suffer while participating in this program and all related activities thereto arising out of said program in any way, unless such injury or loss is caused by gross negligence or intentional misconduct of the E³ Summer Science Camp.

Print name of parent or guardian _____

Signature of parent or guardian _____

Date _____

Mail form with your check payable to E³ Outreach to:

E³ Camp c/o Ann Mallek
P. O. Box 207
Earlysville VA 22936

You will receive confirmation by mail after your registration has been received and processed.