



# Exploration and Enjoyment in the Environment

## Registration and Release Form -- Summer Science Camp 2014

Session(s) of camp desired: \_\_\_\_\_ July 7 - 10    \_\_\_\_\_ July 14 - 17

Child's Name \_\_\_\_\_  
Print clearly

Address \_\_\_\_\_

Age in June 2014 \_\_\_\_\_ Grade in September 2014 \_\_\_\_\_ How did you hear of E3 Camp? Ad, friend ? \_\_\_\_\_

School attended in 2013-2014 \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Print clearly Email address for confirmation \_\_\_\_\_

Telephone # Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

One week -- \$180    Two weeks -- \$340    Amount enclosed \_\_\_\_\_

### Medical Information and General Release

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

\_\_\_\_\_

I give my permission for my child to be in a photograph of our camp activities used on our website or in the press. Several years ago the children were in a Discovery Channel documentary. In another they were pictured with the Governor.  
( Optional)                      Parent / Guardian sign here \_\_\_\_\_

I give my permission to the staff of E<sup>3</sup> 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 E<sup>3</sup> Summer Science Camp, I hereby release from liability, and promise not to sue, E<sup>3</sup> 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 E<sup>3</sup> Summer Science Camp.

Print name of parent or guardian \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_

Please mail form with your check payable to E<sup>3</sup> Outreach to: E<sup>3</sup> Camp c/o Ann Mallek  
P. O. Box 207                      Earlysville VA 22936

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