

Emergency Information

This page must be completed in its entirety by the Parent or Guardian

PLEASE PRINT (or be legible)

Camper Name:

_____ M F _____
Last First MI. Sex Phone

_____ _____ _____ _____
Address City Zip Birth date

Parent Information:

_____ _____ "Best" Phone to reach you
Last First

_____ _____
Address if different from camper (mailing address, city, zip) Email Address

Addl. Parent/Adult to be listed

_____ _____ _____ _____
Last First Phone Daytime Email Address

Addl. Persons to be listed in case of an Emergency

NAME	ADDRESS	PHONE	RELATIONSHIP
1.			
2.			
3.			

Physician and Dentist to be contacted in case of Emergency

NAME	ADDRESS	PHONE	

If physician cannot be contacted, I authorize the STEM Camp instructors/administrators to initiate help as the situation dictates, including administering first aid or calling 911.

_____ _____
Parent/Guardian Signature Date

Issues/Allergies

Please identify any special issues or concerns regarding your camper, including allergies, swimming ability, etc.

Photo Release

By checking this box, I authorize the use of photos from STEM Camp that may include my camper may be used by Anacortes Schools Foundation. Such use may include newspaper, internet, PowerPoint presentations, printed materials and the like.

STEM Camp 2017
Registration – deadline, July 10 *rates after 7/10 will increase

Camper Name: _____ Grade in 9/2017: 6th 7th 8th

Parent Name: _____

Select your preferred workshops for AM and PM sessions and number in order of priority (1=highest). There will be one workshop in the morning, and another in the afternoon. We will make every effort to honor your preferences, but reserve the right to distribute campers into the workshops as space allows.

AM Workshops (Prioritize 1-3)

Kitchen Science Intro to Marine Biology Problem Solving and Engineering Science

PM Workshops (prioritize 1 -3)

Rocking Recreation Art & Science Battling Robot Fun!

Full Day Rate: \$190 per camper for all sessions. If you are registering siblings, there is a discount to \$180 per camper. After 7/10, the rate is \$210

NEW - Half Day Rate: \$130 per camper. No sibling discounts. Half day session includes lunch session if you choose.

Note: Partial scholarships available for Anacortes School District students (based on free and reduced lunch qualification)

Contact Vicki Stowe, 360-293-3743 or stem@anacortesschoolsfoundation.org

Please make checks to: ASF – STEM Camp

Return forms to: STEM Camp, c/o Anacortes Schools Foundation, 2200 “M” Avenue, Anacortes, WA 98221

Release and Waiver of Liability

The undersigned will be participating in STEM Camp taking place on or within the Anacortes Middle School under the direction of Anacortes Schools Foundation representatives. Anacortes Schools Foundation (ASF) is an independent, non-profit 501 (c) 3 organization that raises funds to benefit programs and students within the Anacortes School District. ASF is located at 2200 “M” Avenue, Anacortes, WA 98221.

In consideration of participating in this camp, the undersigned, for himself or herself hereby releases, waives, discharges, holds harmless and covenants not to sue the Instructors and directors, (hereinafter referred to as “Releasees”) for all loss or damage and any claim whatsoever, including but not limited to bodily injury or property damage of the undersigned or their children, whether caused by the negligence of the Releasees or otherwise arising out of travel to or from, attending, or participating in the activities.

Further, the undersigned is fully aware of the risks and hazards inherent in using the Anacortes Middle School and other facilities on the property and participating in the activities, including the possibility of bodily injury and illness. The undersigned further acknowledges that there will be recreational activities that will occur “off property.” Being fully aware of such risks, the undersigned hereby elects voluntarily to engage in such activity and to assume all risk of loss, damage, and injury that may be sustained by the undersigned.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND FURTHER AGREES THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

I HAVE READ THIS RELEASE AND AGREE TO ITS TERMS Date: _____

Parent/Guardian Signature: _____