

# Science-Technology-Education-Mathematics Summer Camp 2017 Registration



**METHODIST UNIVERSITY**  
**MONARCHS**

## Section 1: Camper Information

Student Name \_\_\_\_\_ Parent Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email (parent) \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Age: \_\_\_\_\_ Grade: 6 7 8 School \_\_\_\_\_

Dietary restriction if any: \_\_\_\_\_ T-shirt size Youth: XS S M L XL  
Adult: XS S M L XL

The following persons should be contacted in case of emergencies:

1. Name: (Print) \_\_\_\_\_ Phone number: \_\_\_\_\_  
2. Name: (Print) \_\_\_\_\_ Phone number: \_\_\_\_\_

Registration will not be accepted without a signed waiver (See below).

Mail this form with a non-refundable check of \$175.00 payable to:

Methodist University, 5400 Ramsey Street, Fayetteville, NC 28311 [ATTN: Kara Dawson]

\_\_\_\_\_  
Signature of Child

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Section 2: Waiver

I hereby waive and absolve the Methodist University STEM Summer Camp of any and all liability and responsibility for injuries, sickness, accidents, and/or acts of God incurred during participation in this camp for \_\_\_\_\_ (child name). In consideration of my application being accepted, I, my heirs, administrators, executors, and assigns, intending to be legally bound, do hereby, waive, release, and forever discharge any and all rights and claims for damage which I may have or which may hereafter accrue to me against Methodist University, the Camp Director, or their respective employees, office, agent, representative, successors, and/or assignee, for any and all damages which may be sustained or suffered by me in connection with my association with or participation in the camp. I grant the University, its employees, agents, and representatives the authority to act in any attempt to safeguard and preserve the health or safety of my child, including authorizing medical treatment on my behalf and at my expense in case of an emergency.

\_\_\_\_\_  
Signature of Child

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Section 3: Publicity Release

I hereby  give my permission  do not give my permission to be photographed, videotaped, and/or audiotaped during the

Summer Camp. Such photographs, videotapes, and audiotapes may be used in print or broadcast media as deemed appropriate for promotion and publicity purposes.

\_\_\_\_\_  
Signature of Child

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date