

Step 1

Participant Information

A separate registration form is required for each child

Participant Last Name _____ First Name _____ Grade Level 17-18/Birth Date _____ M _____ F _____

Parent/Legal Guardian Last Name _____ First Name _____

Address _____ City _____ State _____ Zip Code _____

Daytime Phone _____ Alternate Phone _____ E-mail Address _____

All confirmations will be emailed. Please check this box if you prefer to have your confirmation mailed to you.

Step 2

Select Camps (All camps include snacks • Campers will need to provide their own lunch)

		\$175 (Early Bird \$160 before May 15 th)	Before Care \$5 per child 8am-9am	After Care \$5 per child needed 5pm-5:30pm
Mon.-Thu. July 17-20, 2017	X	Camp ENGage	M W T Th	M W T Th

Step 3

Payment Information

I have enclosed a check payable to the Ruth Patrick Science Education Center/USCA

I wish to pay by credit card. Please provide a phone number for a RPSEC representative to call you to obtain card information.

Step 4

Health History

Does the child have any of the following conditions? Epilepsy Diabetes Asthma Other _____

Please list all allergies (include food) _____

Please list all medications the child is taking _____

The child is under a physician's care for the following condition _____

Is there anything else we should know to make your child's experience more enjoyable? _____

Step 5

Participant Authorization

I have read and understand the cancellation and registration policies as stated online at <http://rpsec.usca.edu/springbreak/>. I hereby waive all claims against USCA, the Ruth Patrick Science Education Center and its employees or volunteer workers for injury, accident or illness occurring by reason of participation in the camp program. The Ruth Patrick Science Education Center may photograph my child during programs and I hereby consent to the use of these photographs in Science Center promotional material. In case of an emergency, I authorize any licensed physician, nurse or hospital to render such medical aid as may be deemed necessary and/or desirable.

Parent/Guardian Signature _____ Date _____

Please mail form to: Ruth Patrick Science Education Center: Camp ENGage
471 University Pkwy, Aiken, SC 29801 or fax form to 803-641-3615