

2012 **AMSE** SUMMER CAMPS

AMSE'S SCIENCE EXPLORER CAMP

- June 4 - 8 (Mon - Fri) | 8:00 - 3:30 | Rising 5th (10yrs old), 6th, & 7th Graders
- June 11 - 15 (Mon - Fri) | 8:00 - 3:30 | Rising 5th (10yrs old), 6th, & 7th Graders

Members - \$185
Non-Members - \$210

Description: AMSE's Science Explorer Camp is designed for rising fifth (must be 10 years old by June 1, 2012), sixth, and seventh graders, with a focus on a variety of science topics approached via field explorations and hands-on activities. Located at the historic Freels Bend Cabin site, campers cover topics such as insects, habitats, water, life sciences, weather, geology, fossils, flight, electricity, and robots. The week includes a tour of Oak Ridge National Laboratory, as well as special presentations by ORNL researchers.

Packing List: Lunch with Drink | Comfortable Clothes | Closed Toed Shoes | Sunscreen | Non-aerosol Bug Repellent | Water Bottle (Must Have!) | Snack will be provided | Poncho or Rain Gear | Long Pants (for field work)

Additional Information about Science Explorer Camp

- Science Explorer Camp has a maximum of 25 campers per session and a minimum of 20. Should 20 campers not enroll, the camp will be cancelled and your money will be refunded.
- Science Explorer Camp takes place at Freels Bend Cabin and includes a field trip to the ORNL facility.
- Availability of the ORNL tour subject to Security level. Additional paperwork may be required especially for non-US citizens. Non-US citizen camp registration received after May 1 will not be able to participate in ORNL tour.
- Payment is due with registration form.
- Camp ends at 3:30. Campers can be picked-up from camp between 3:30 pm - 4:00 pm. A late fee of \$20 per 10 minutes will be charged should your camper not be picked up by 4:00 pm.
- Parents or guardians that pick up the campers must be able to provide ID and be on the pick-up list.

AMSE SUMMER CAMPS

making summer fun through science

For more information call (865) 576-3200 or on the web at www.amse.org

Return completed registration forms to: AMSE Summer Camp, 300 S. Tulane Ave, Oak Ridge, TN 37830



300 Tulane Avenue | Oak Ridge, TN 37830 | (865) 576-3200

| | |
|----------------------|---------------------------|
| For office use only: | |
| Date Received | _____ |
| Amount Paid | _____ |
| Check# | _____ Cash _____ |
| Visa | _____ MC _____ Disc _____ |

2012 SUMMER CAMP REGISTRATION FORM

Return completed registration form to: AMSE Summer Camp, 300 S. Tulane Ave, Oak Ridge, TN 37830

Camper Profile

Camper Name _____
Last Name First Name/Name Goes By

Street Address _____

City _____ State _____ ZIP _____ Home Phone _____

Age _____ Grade (Fall 2012) _____ Birthdate _____ Gender: Male Female
Must be 10 yrs old by June 1, 2012

School _____ Has attended camp at AMSE before? Yes No

US citizen: Yes No If No then _____
Nation of Birth Nation of Citizenship

T-shirt size: Child Small Child Medium Child Large Adult Small Adult Medium Adult Large Adult X-Large

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Payment Options: Cash Check (Made payable to AMSE) # _____
 Credit Card (Visa, MC, & Discover) # _____ Exp. Date _____

Family Profile

Mother's Name _____ Cell/Other Phone _____
First Name Last Name

Place of Business _____ Business Phone _____

Father's Name _____ Cell/Other Phone _____
First Name Last Name

Place of Business _____ Business Phone _____

Family E-mail address _____

Authorized Pick-up and Emergency Contact

List in order the names of anyone, other than mother and father, you wish AMSE to contact for emergency purposes or whom you authorize to pick up your child. Specify relative, friend, etc., and phone number.

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

3. Name _____ Relationship _____ Phone _____

How did you first hear about the camps offered at AMSE? _____

New campers only.

Please complete both sides

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Parent Authorizations and Policies

To the best of my knowledge this information is correct, and the individuals herein described have permission to engage in all camp activities unless restrictions are noted.

Realizing that a sudden illness or accident may happen to a camper, I hereby ask AMSE to use their best judgment in such cases in caring for my child/children. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by AMSE to secure and administer treatment, including hospitalization, for my child/children. I authorize AMSE to provide or arrange necessary transportation for my child/children. I further understand that camp fees do not include accident or illness insurance and **neither AMSE nor EASI (Enterprise Advisory Services, Inc) is responsible for any expenses incurred**, and I agree to release any records necessary for insurance purposes. A completed Health Information and History for each camper is required prior to participation. I give permission for my child to have sunscreen applied.

I give permission for use of my child/children in promotional photographs and/or videos. I give permission for my child/children to be interviewed, photographed, and/or video taped by the news media, including newspaper, television, and/or radio, for AMSE/camp community interest stories.

I have read and understand that tuition is due at the time of registration and AMSE reserves the right to cancel enrollment if fees are not paid. **I understand that I may receive a full refund if I cancel a session more than three weeks prior to the start date of the camp session, and that no refund is offered after the three week cut off date.** I understand that it is my responsibility to contact AMSE in the event I must cancel a session of camp. I understand there is no refund should my child/children be sent home for not complying with AMSE and camp rules.

These authorizations and policies constitute the full understanding of the parties hereto and no change, modification or waiver of any of these authorizations and policies shall be effective unless in writing and signed by both parties.

Parent's Signature _____ Date _____

Camper Health Information and History

Camper Name _____ Birthdate _____ Gender Male Female
Last Name First Name MI

Medical Insurance Carrier _____ Group/Policy# _____

Address: _____ Phone _____

Name of family physician _____ Phone _____

Name of dentist/orthodontist _____ Phone _____

Restrictions Explain fully any and all restrictions that apply to this individual _____

Allergies: List allergies to medication, food, insect bites/stings, etc., include symptoms (use additional paper is necessary)

Medications: List all prescriptions and non-prescriptions camper takes routinely: include dosage, and reason for medication.

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