

STEM Camp Registration Form

JULY 17-21, 2017

9:30AM-12:00PM M-F



Student's Name: _____ Age: _____

Grade: 3rd 4th 5th Gender: M F T-Shirt Size: Child S M L XL
Adult S M L

Parent/Guardian Name: _____

Address: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Any medical conditions we should be aware of? Y N

Please list: _____

We provide a small snack each day. Does your student have any food allergies or dietary restrictions?:

In case of an emergency, every effort will be made to contact the parent/guardian of the student. If the parent/guardian is unreachable we will contact the below listed person(s).

Emergency Contacts:

1. _____ Phone: _____

Relationship to Student: _____

2. _____ Phone: _____

Relationship to Student: _____

Camp registration is \$250 per student:

Enclosed: Check Cash Card

If you wish to pay by card, please call the Director of Education & Administration at 269-637-8078 ext 3.

I understand that my student will be participating in hand-on activities on and off the water as well as indoors and outdoors. I understand that every precaution will be taken to ensure the safety of my student while participating in these activities. In consideration of the risk of injury while participating in the STEM Kids Summer Camp, I hereby knowingly and voluntarily enter into this waiver and release of liability and forever discharge the Michigan Maritime Museum, staff, and associated individuals and/or entities of any claim of liability in regards to personal injury that my student may suffer as a direct result of participating in the Camp.

Signature of Parent/Guardian: _____ Date: _____

Please return registration forms and payment to Director of Education & Administration, Ashley Deming at:
STEM Summer Camp Registration
260 Dyckman Ave.
South Haven, MI 49090