



# Registration Form Summer Science Camp



CAMPER	PARENT/ GUARDIAN
Last Name _____	Last Name _____
First Name _____ Gender _____	First Name _____
Birth Date _____ Age _____	Cell Phone _____
Home Address _____	Home Phone _____
City, State, Zip _____	Emergency Contact _____
Home Phone _____	Emergency Phone _____
E-mail _____	Primary Physician _____

## CAMPS FOR 2017

**NEW-Superhero Science (Ages 6-13)** July 10-14

**Magic of Harry Potter (Ages 6-13)** July 17-21

**CSI: Mystery at Hogwarts (Ages 9-13)** July 24-28

**Magic of Harry Potter (Ages 6-13)** Jul 31-Aug 4

- Day fee covers instruction, program lunch, materials, and activities.
- Payment in full must accompany this registration form. Check is payable to Nazareth College.
- Please check with your local tax expert regarding tax deductions. Receipts are available upon request.

**Scholarships (full and part) are available—check website for details.**

**Applicant's Grade in Fall:** \_\_3 \_\_4 \_\_5 \_\_6 \_\_7 \_\_8

## T-SHIRT SIZE (check one):

\_\_Youth M    \_\_Youth L    \_\_Adult S    \_\_Adult M  
\_\_Adult L    \_\_Adult XL    \_\_Adult XXL

## FORM OF PAYMENT

**\$325 per week (\$25 discount multiple camps)**

**Total Amount enclosed** \_\_\_\_\_ **Check #** \_\_\_\_\_

**Credit Card #** \_\_\_\_\_

**Code** \_\_\_\_\_ **Exp Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

## RELEASE TO BE COMPLETED BY PARENT(S) OR GUARDIAN(S)

I/we the undersigned, individually and as parent(s) and/or guardian(s) of \_\_\_\_\_, a minor, ask that he/she be admitted to participate in Science Camp sponsored by The Smart System Technology & Commercialization Center. In consideration of such admission, I/we do hereby agree to release, discharge and hold harmless Smart System Technology & Commercialization Center, Nazareth College, and/or Rochester City School District, their officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account at the Science Camp program, or in the course of activities held in connection with the Science Camp program. Additionally, I/we authorize the camp and/or Nazareth College to photograph, videotape, and/or audiotape my/our child in promotion of summer science camps.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

## QUESTIONS ABOUT REGISTRATION?

CALL: 585-389-2580  
EMAIL: wlamme18@naz.edu

[www2.naz.edu/dept/chemistry/summer-camps/](http://www2.naz.edu/dept/chemistry/summer-camps/)

## SEND REGISTRATION FORM TO:

Science Summer Camp  
Nazareth College  
4245 East Avenue  
Rochester, NY 14618