



# Challenger Learning Center-St. Louis 2009 Summer Camp Registration Form

Camper name: \_\_\_\_\_  Boy  Girl

Grade completed (by end of current school year): \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

How did you hear about our camp program? \_\_\_\_\_

Session: **Young Astronauts (students entering grades 4-5)**

\_\_\_ June 15-19 9:00 a.m. – 2:00 p.m.

\_\_\_ June 22-26 9:00 a.m. – 2:00 p.m.

**Astronaut Training Camp (students entering grades 5-8)**

\_\_\_ July 6-10 9:00 a.m – 3:00 p.m.

\_\_\_ July 13-17 9:00 a.m. – 3:00 p.m.

**Advanced Astronaut Training Camp (students entering grades 5-8)  
includes SCUBA training**

\_\_\_ July 20-24 9:00 a.m. – 3:00 p.m.

\_\_\_ July 27-31 9:00 a.m. – 3:00 p.m.

**Note: Advanced Astronaut Training SCUBA participants must complete medical and liability release forms, available online at [www.clcstlouis.org](http://www.clcstlouis.org)**

Parent/Guardian name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Parent phone to be reached when child is in session: ( ) \_\_\_\_\_ - \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications\*: \_\_\_\_\_

Special Medical Considerations: \_\_\_\_\_

**\*Challenger Learning Center does not administer medications. It is the parent's responsibility to insure child's medication is taken accordingly.**

### Photo/Video Release

I hereby release all claims, liability and give permission for Challenger Learning Center-St. Louis the irrevocable and unrestricted right to use and produce media not limited to but including video, audio recording, or still photograph productions that could be used on our website, and any media publications that involve myself or my child, likeness and/or voice, which may be included, for editorial, trade, advertising, and any other purpose and in any manner and medium; to alter without restriction. Such productions may be used for educational or exhibition purposes and may be copied, copyrighted, edited, and distributed by Challenger Learning Center-St. Louis.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Release:** I understand and appreciate that participating in the Challenger Learning Center summer camp program(s) involves potential, although highly unlikely, loss or damage to, personal property and bodily injury. In consideration of participation in the summer camp program(s) by my child, the undersigned hereby releases from any legal liability the Challenger Learning Center, Ferguson-Florissant School District, Saint Louis Science Center, Cooperating School Districts, its administrators, board members, teachers, employees, volunteers and agents from any and all liability for damage, injury or death, or any claim based upon negligence on the part of the Challenger Learning Center, Ferguson-Florissant School District, Saint Louis Science Center, Cooperating School Districts, its administrators, board members, teachers, employees, volunteers and agents arising out of or related to the participation mentioned above. In the event any person not a party to this agreement, make any claim or file any lawsuit against the Challenger Learning Center, Ferguson-Florissant School District, Saint Louis Science Center, Cooperating School Districts, its administrators, board members, teachers, employees, volunteers and agents relating to the participation mentioned above, the undersigned agrees to indemnify, defend and hold harmless the Challenger Learning Center, Ferguson-Florissant School District, Saint Louis Science Center, Cooperating School Districts, its administrators, board members, teachers, employees, volunteers and agents, from any and all such claims and lawsuits, including the payment of all damages, expenses, costs and attorney's fees. I authorize my child to be admitted into a hospital or facility for medical treatment if necessary while participating in this program. I do further accept the responsibility for the payment of expenses related to that treatment.

I, the undersigned, am the parent or legal guardian of the following named minor: \_\_\_\_\_ and enter into the above stated release on the minor's behalf.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Cancellation/Session Changes:** Refunds will be given only for cancellations received by May 18, 2009, minus a \$25 administrative fee. After May 18, 2009 all cancellations will result in forfeiture of full payment. There will be a \$25 administrative fee to change sessions (based on availability).

**Registration closes one week prior to the first day of each camp. All campers must bring a lunch.**

**Camp Price** (Note: Early Bird rates are in effect until March 1)

**Young Astronauts:**  \$185                       Early Bird rate: \$165

**Astronaut Training Camp:**  \$210                       Early Bird rate: \$190

**Advanced Astronaut Training camp** (SCUBA training\*)  \$250                       Early Bird rate: \$230

\*requires medical and liability release forms (available through [www.clcstlouis.org](http://www.clcstlouis.org)) must be submitted by June 29, 2009.

**T-shirt size (included in camp price):**    \_\_\_ S    \_\_\_ M    \_\_\_ L    \_\_\_ XL    \_\_\_ XXL

**Before and After-Care**

**Before and after-care is available Monday-Friday for all camps. Before-care runs from 8:00 – 9:00 a.m. and after-care runs from 3:00 – 4:00 p.m. (2:00 – 4:00 p.m. for Young Astronauts)**

Before-care \$25 per week                       After-care \$25 per week (\$50 for Young Astronauts)

**Total Payment:** \$ \_\_\_\_\_

**Please mail the registration form and full payment to:**

**Challenger Learning Center-St. Louis  
205 Brotherton Lane  
Ferguson, MO 63135  
ph. (314) 521-6205    fax (314) 524-3764**

**Payment method:**

Check or money order enclosed  
 Charge to my account (circle one):    Discover    MasterCard    Visa

Account number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_    Signature: \_\_\_\_\_