AGES 6-8 SUMMER		TERMS AND CONDITIONS, WAIVER AND RELEASE
DAY CAMP	5	1. Liability Waiver and Release
Camp of Wonders July 8-12 Cin Camp of Wonders July 22-26 Cin Camp of Wonders Aug. 6-9 (4-Day) Cin Science Superstars Aug. 19-23 5-Day Camps: Members \$220, Non-members \$275	nemagic Science July 15-19 nemagic Science July 29 - Aug. 2 nemagic Science Aug. 12-16	In consideration of the child named on this form ('the camper') being allowed to participate in Saskatchewan Science Centre's Day Camp, the camper's parent or guardian, hereby releases the Saskatchewan Science Centre and its directors, officers, servants, representatives and agents from and against all claims, actions, demands, costs and expenses relating to injury, death, damage to person or property or loss of property, howsoever caused, arising out of, or in connection with, the camper's participation in Saskatchewan Science Centre's Day Camp Program. 2. Payment conditions and
4-bay camps: Weithbers \$104, Noti-members \$230 plus GST off all prices		refund policy
Drop-off and pick-up times are between 8:30 and 9:00 AM, and 4:00 PARTICIPANT INFORMATION:	\ torm \	Full balance of fees must be received with camp registration form. Cancellations received less than 7 days prior to the start of camp session will not receive any refund of fees, unless a doctor's certificate stating medical reasons is presented to the camp. Cancellations received 8 or more days prior to the start of camp session will be refunded MINUS a \$50.00 administration fee.
Child's Name Date of	Birth	3. Photography / Video Release
Allergies, medical conditions or special needs PARENT/GUARDIAN INFORMATION:		Parent/Guardian authorizes Saskatchewan Science Centre to take photographs and/or video of the child named on this form during camp activities, and otherwise use of these images, without charge solely for the purpose of promotional materials in connection with Saskatchewan Science Centre.
Parent / Legal Guardian		4. Medical Release
Home Address		To the best of my knowledge, my child is in good health. I will notify the camp, in writing, if my child is exposed to any infectious disease, or if any change in health status occurs during the three
City	Province Postal Code	weeks (21 days) prior to camp session. In case of emergency, I understand every effort will be made
Daytime Phone Cellular Number Home Phone E-ma	ail Address	to contact me. In the event that I cannot be reached, I hereby give permission to the physician selected by Saskatchewan Science Centre to hospitalize,
Emergency Contact Person Emergency Phone Number Are you a Member of the Saskatchewan Science Centre? Yes No		secure proper treatment, order injection, anesthesia or surgery for my child. In the event that medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility for fees in excess of provincial and/or private medical insurance.
 □ Cash/Debit □ Cheque payable to Saskatchewan Science Centre (no postdated cheques) □ VISA □ MasterCard 		the undersigned and the estates of the camper and the undersigned. I have read and understood the above RELEASE.
Card Number	Expiry Date & CVV	Signature of Parent/Guardian

Mail, fax or drop off completed registration forms and payment to:

DAY CAMP BOOKINGS

Cardholder's signature

Saskatchewan Science Centre 2903 Powerhouse Drive, Regina, SK S4N 0A1 Tel: 306-791-7943 Fax: 306-525-0194

Email: bookings@sasksciencecentre.com

Date



Date