



TECHTERRA
E D U C A T I O N

TechTerra Education STEM Camp 2018 2019 Registration

(* = Required Field)

1. Email address *:

2. Please select the camp(s) your child will attend. *

Check all that apply.

9/6 - 12/6, 2018 Thursdays E.K. Powe Elementary School STEM Camp \$260/child

1/30 - 4/17, 2019 Wednesdays High Point Friends School STEM Camp \$240/child

Camper Information

3. Camper Name and Nickname (if any) *:

4. Camper Age *:

5. Camper Grade (2018 - 2019 school year) *:

6. Does Your Child have any allergies, medical conditions, or special conditions that may affect their time at camp? If so, please explain below. *

Parent/Guardian Information

7. Name Parent/Guardian # 1 *:

8. Phone Number Parent/Guardian # 1 *:

9. Email Parent/Guardian # 1 *:

10. Name Parent/Guardian # 2 *:

11. Phone Number Parent/Guardian # 2 *:

12. Email Parent/ Guardian # 2 *:

13. Name Emergency Contact *:

14. Relationship to Camper Emergency Contact *:

15. Phone Number Emergency Contact *:

16. Is there a custody or other issue that staff should be aware of? If so, please explain here.

17. Persons Authorized to Pick Up Your Child *: (Please list all persons and include cellphone numbers)

Medical Emergency Authorization

18. In the event of a medical emergency, I authorize Camp TechTerra staff to seek medical treatment for my child. I understand that staff will first call 911 in such an event, and then attempt to contact the parent/guardian, and if unable to contact the parent/guardian, will attempt to contact the emergency contact. *

I understand and agree. **Initial and date:**

19. In the event of a non-emergency illness or minor injury, I understand that staff will attempt to contact the parent/guardian, and if unable to contact the parent/guardian, will attempt to contact the emergency contact. I authorize Camp TechTerra staff to provide care as needed for a non-emergency illness or minor injury. *

I understand and agree. **Initial and date:**

20. I authorize Camp TechTerra staff to release my child to the person listed as the emergency contact in the event of a minor illness or injury if the parent/guardian is not available. *

I understand and agree. **Initial and date:**

Use of Images. (Please circle "do" or "do not" and sign and date below.)

21. I DO / DO NOT consent to the collection and use of my camper's personal images as photographs, audio, or video recordings; agree that these images may be used in Camp TechTerra and TechTerra Education social media, publications, and events. I understand that my child's name will not be used without my express consent. * Circle only one option.

I DO

I DO NOT

Refund Policy. (Please initial and date below)

22. I understand that Camp TechTerra's refund policy is as follows: All refunds are subject to a 10% cancellation fee. Written notice of cancellation must be received by TechTerra Education by 5pm EST. Refunds are calculated as follows: More than 30 days before session start date = 100% refund subject to 10% service fee; 15 to 30 days before session start date = 50% refund subject to 10% service fee; 14 or fewer days before session start

date = NO REFUND. No refunds for absences/illness during camp sessions or due to weather or emergency related camp closing or delay. *

I understand. **Initial and date:**

How did you hear about us? (optional)

23. Please let us know how you heard about us by circling the way or ways you heard. *

Circle all that apply.

Returning camper

Another Parent

School

Attended a TechTerra Education event

Facebook

Instagram

Twitter

YouTube

TechTerra Newsletter

TechTerra Education website

Word of Mouth

Other (Please tell us what the other was)