



Registration Summer Camps 2016

Parent or Guardian Name: _____

Camp participant name: _____ Age/Grade: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____ Email: _____

Student Name	Camp Name	Date	Price
Enroll 1			
Enroll 2			
Enroll 3			
Total before Taxes			

Camp reservations are not secured until the full camp cost is paid in full.

Total Cost: _____

Paid with: Cash / Credit / Check # _____
Credit _____

I understand there are no Refunds* (please initial): _____

*Fees will only be refunded if the class is cancelled by Insights (due to lack of other registrants). Please note that we will make every effort to fill classes and consolidate groups if there should not be the minimum number of participants per class.

Please complete emergency contact information on the following page and submit both pages electronically (scans) or through the mail (mailing address on following page)

Emergency Release Form

Camp participant name: _____

Emergency Contact: _____

Phone Number(s): _____

Alternate Contact: _____

Phone Number: _____

Allergies (food and medication):

Medications:

Family Doctor: _____ Phone number: () _____

I, _____ (parent or guardian) authorize Insights El Paso Science Center to take any action in an emergency at my expense if I cannot be reached at the above numbers.

Please list people authorized to pick up the participant from camp.

(This person will sign in/out the camper(s) each day and must have proper photo ID.)

Location:
521 N. Tays Street
El Paso, Texas 79901

Mailing Address:
P.O. Box 9248
El Paso, TX 79995

Phone: 915-534-0000
E-mail:
sales@insightselpaso.org