

CAMPS & CLASSES REGISTRATION FORM • SIDE A

Name of Participant: _____ Birth Date: _____ Sex: M F Grade (Fall 2012): _____

Primary Contact: _____ Email: _____ Opt-out Camps & Classes Emails

Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone: _____ Alternate Phone: _____

Secondary Contact: _____ Primary Phone: _____ Alternate Phone: _____

Emergency Contact: _____ Primary Phone: _____ Alternate Phone: _____

List names of persons authorized to pick up your child: (Not including above) _____

Which one of the following categories best describe the participant? **(Optional)**

Hispanic or Latino White Black or African American Hawaiian or Other Pacific Islander Asian American Indian or Alaskan Native Two or More Races

Your personal information will be kept confidential. However, we may publish or share aggregated demographic information with other organizations to support our mission of bringing science education to all people and to apply and qualify for grants and other funding sources

School Student Attends (Fall 2012): _____

Are you an OMSI Member?: YES Member#: _____ NO JUST SIGNED UP

MANDATORY MEDICAL INFORMATION (Attach additional sheet(s) if necessary).

Please check if participant is subject to the following and attach explanation:

- | | | | |
|--------------------------------------|------------------------------------|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Seizures | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Deafness |
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Asthma | <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Heart Trouble |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Blindness | <input type="checkbox"/> Autism | <input type="checkbox"/> Other: _____ |

Is your child current on all school-required immunizations? Yes No Month/Year of Last Tetanus Shot: _____

Please identify any special adaptations or accommodations necessary to assist your child with participation in programs: _____

List any medications, when they are taken, and for what condition: _____

List any allergies to food, insects, or medications: _____

Describe any dietary restrictions: _____

Describe any behavior problems that may be disruptive to group learning: _____

Please check box if your child may NOT receive an age-appropriate dose of over-the-counter pain medication for minor injuries or insect bites.

Physician's Name: _____ Phone Number: _____

Insurance Co. / Policy Number: _____

Parent/Guardian Signature: _____ Date: _____

This registrant has permission (from parent or guardian if registrant is under the age of 18, or from self if registrant is 18 or older) to participate in all session and field trip activities. In case of emergency, I hereby request and authorize any physician, hospital or health care provider to provide medical treatment promptly, whether or not I may be contacted and informed. INITIALS_____ Designated OMSI staff will dispense medication under physician's orders. Under statutes ORS 30.800 and 30.807, all medications must be in a prescription container clearly labeled with the child's name, type of medication, dosage and times (both a.m. and p.m.) to administer medication to my above named child in the manner described by the physician's orders. INITIALS_____ In consideration of this registrant's participation in OMSI programs, I (the parent or guardian if registrant is under the age of 18, or self if registrant is 18 or older) hereby release, waive, and discharge OMSI, and all of its instructors, employees, officers, directors, agents, and volunteers from any and all liability to the registrant, and to all the registrant's legal representatives, assigns, heirs, and next of kin for damage and injury to the registrant or to any person or property arising out of participation in the program, whether on OMSI's premises or elsewhere. This agreement includes but is not limited to claims or demands on account of injury or damage caused or allegedly caused by the negligence of OMSI or any of the individuals listed above. INITIALS_____ For campers requiring injections: Generally, OMSI staff are not trained to administer injections or other medical procedures. OMSI policy is to allow individual staff to voluntarily act under the statutes ORS 30.800 or 30.807 and administer requested injections or other medical procedures, should they individually choose to do so on a case-by-case-basis. Instructions as to requested injections or medical procedures must be provided by the physician. I request OMSI to inquire whether there are staff who are willing to consider acting under the statutes ORS 30.800 or 30.807 on a case-by-case-basis should the above named need an emergency injection or other medical procedure in the manner described in the physician's orders. OMSI cannot guarantee that it will find willing staff to act under the statutes ORS 30.800 or 30.807 or that such staff will so act in every case. INITIALS_____ By participating in OMSI's programs, I consent and authorize OMSI to use the above named participant's photograph for education and public relations purposes related to OMSI. INITIALS_____ I give my consent for my child (under 18 years of age) and give consent for myself, as parent or guardian, to participate in surveys that will be used to evaluate program effectiveness and/or seek funding for financial aid. INITIALS_____



CAMPS & CLASSES REGISTRATION FORM • SIDE B

Name of Participant: _____

ENROLLMENT INFORMATION

CLASSES ALL CLASSES PARTICIPANTS WILL RECEIVE A T-SHIRT! Size (please circle one): Child Sizes: S M L Adult Sizes: S M L XL

CAMPS My child would like to share a cabin with: _____

Has the participant attended OMSI summer programs before? YES NO
 Where did you hear about OMSI summer programs? Catalog (in the mail) Catalog (at OMSI) Newspaper Friends/Family Past Experience
 OMSI Website Facebook/Twitter Other (please specify): _____

PROGRAM CHOICE	PROGRAM TITLE	CATALOG #	DATES	PROGRAM COST	BEFORE CARE**		BC/AC COST**	SUBTOTAL
					BC	AC		
1ST CHOICE					BC	AC		
ALTERNATE*					BC	AC		
1ST CHOICE					BC	AC		
ALTERNATE*					BC	AC		
1ST CHOICE					BC	AC		
ALTERNATE*					BC	AC		
1ST CHOICE					BC	AC		
ALTERNATE*					BC	AC		

* You will automatically be placed in alternate if first choice is full, or on a waiting list if no alternate is selected.
 ** Before and after care for CLASSES is only available at OMSI, PCC at Water Avenue, and Conestoga Middle School (see page 61 for more information and pricing).
 † I would like to donate money to OMSI's Harry Demorest Financial Aid Program for children who would not otherwise be able to attend.

DONATION†
TOTAL

NOTE: Total payment due with registration

METHOD OF PAYMENT

Check or Money Order enclosed (payable to OMSI) Visa MC Discover
 Card #: _____ Expiration Date: _____ 3-digit security code on back of card: _____
 Billing Address: _____
 Signature: _____ Name as it appears on card: _____

REGISTER ONLINE AT OMSI.EDU, MAIL, HAND-DELIVER, OR FAX FORM WITH FULL PAYMENT.

MAILING ADDRESS: OMSI Program Sales and Registration, 1945 SE Water Ave., Portland, OR 97214 **EMAIL:** register@omsi.edu **FAX NUMBER:** 503 239 7800
REGISTRATION DEADLINE: OMSI must receive your registration and full payment at least 7 days before the start of a camp or class.
CONFIRMATION: You will receive a confirmation packet by email or mail prior to the start of your program.
REFUND POLICY: Cancellations must be submitted in writing (mail, email, or fax). PLEASE REFER TO PAGE 62 FOR CANCELLATION/REFUND PROCESS.
TRANSFER POLICY: If you want to transfer your registration to a different program you must submit a request in writing (mail, email, or fax) at least 7 days prior to program start. Each camp transfer is subject to a \$25 fee, and each class transfer is subject to a \$10 fee. Registration and fees are nontransferable between participants.

OFFICE USE ONLY Customer ID#: _____ Date Received: _____ Date Processed: _____