

# 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: \_\_\_\_\_

