

Mr. Lee's Science Camps 2021 Registration

Please fully complete all blanks, printing clearly

Office Use Only

Rec:

Conf:

Check #

Camper's Full Name:		<input type="checkbox"/> Male	
Last:	First:	<input type="checkbox"/> Female	
Address:			
City:		State:	ZIP:
Home Phone: ()	Age:	Birth Date:	Grade as of 9/2021
Father's Name:		Daytime Phone: ()	
		Mobile Phone: ()	
Mother's Name:		Daytime Phone: ()	
		Mobile Phone: ()	
Emergency Contact:		Daytime Phone: ()	
		Mobile Phone: ()	
Relationship to camper:		()	
Physician's Name:		Office Phone: ()	
Camp(s) Desired: <input type="checkbox"/> Space Camp (Grades 1-7, August 2nd – 6th , 9 am – Noon) <input type="checkbox"/> Incredible Stuff (Grades 1-7, August 9 th – 13th, 9 am – Noon) <input type="checkbox"/> Incredible Stuff (Grades 1-7, August 9 th – 13th , 1:30 pm – 4:30 pm) <input type="checkbox"/> Wings and Flying Things (Grades 3-8, August 16 th – 20th, 9 am – Noon) <input type="checkbox"/> Slime Ka-BOOM! Camp (Grades 3-8, August 16 th – 20th, 1:30 pm – 4:30 pm)			
NOTE: Grades are what your student will be entering Fall of 2021			

All Campers must have their own medical coverage. Campers will not be allowed to participate unless the following information is submitted and the form signed by the parent/guardian of the camper.

Medical Insurance Company:	Policy Holder:
Group Number:	Policy Number:

Is camper currently taking medications?

☐ Yes ☐ No

Does camper have severe allergic reactions that may occur during camp? ☐ Yes ☐ No

Please list medications and dosage, severe allergies, **OR** any special considerations for your child we should know about:

I/We the undersigned hereby certify that I (we) am (are) the parents or legal guardians of the camper and hereby give permission for the staff of the Camp to seek appropriate medical attention for the camper and medical attention to be given, and for the camper to receive medical attention in the event of accident, injury or illness. I/We will be responsible for any and all costs of medical attention and treatment. I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive release and forever discharge the hosting facility, Mr. Lee Wilkinson, his staff, officers, agents, employees, representatives, successors and assigns of and from all rights and claims for damage or loss to persons which may be sustained or occur during participation in Camp activities or while at Camp. I grant permission for photos of camper to be used in brochures, flyers, and the camp web site. I certify that the camper is physically qualified to attend the camp.

Parent Signature:

Date:

Please place your email address here: _____

We plan to have t-shirts this year! Please indicate your child's size: Youth: ☐ S ☐ M ☐ L
(You may want to pick a size larger than normal, kids grow fast!) Adult: ☐ S ☐ M ☐ L

Camp Cost: \$225
(Note: \$200 for each additional sibling)

Registration is fully refundable up until July 15th, 2021
After July 15th, 50% will be refunded if you cancel for reasons other than emergencies

Mail completed form with check for the full amount to:

Mr. Lee's Science Camps
135 Travers Ave.
Wheaton, IL 60187



You may also save the completed form and email to Mr. Lee at: info@ScienceMagic.org

Please make out the check to Mr. Lee Wilkinson

***IMPORTANT!* Mr. Lee will occasionally be out of town, so please email him to reserve your spot after you send the registration form!!!**

Please Note: All appropriate health and safety precautions will be taken.

Form Updated 3/12/2021