

Mr. Lee's Science Camps 2025 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 9/2025
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 11th - 15th, 9 am - Noon <input type="checkbox"/> Incredible Stuff Camp (Grades 1-7): August 11th - 15th, 1:30 pm - 4:30 pm				
NOTE: Grades are what your student will be entering Fall of 2025				

All Campers must have their own medical coverage. If this is an issue, please contact the school or Mr. Lee.

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: \$150
(Note: \$100 for each additional sibling)

Please register ASAP to ensure we get your child's t-shirt size!

Mail (or drop off at the office) the completed form along with a check for the full amount to:

Ashland Christian School
1144 W. Main St.
Ashland, Ohio 44805

*** Please make checks out to Ashland Christian School ***

If you have any questions, please email Mr. Lee:

info@ScienceMagic.org