

**Durham Alumnae Chapter**

**Durham SEE (Science and Everyday Experiences)**

**Blast into Scientific Exploration for the 21st Century**

Join us for our 4<sup>th</sup> Annual half day summer camp of fun hands-on activities in math & science for children in *fourth to eighth grades (ages 9 – 13)*

**NEW ACTIVITY:** 2<sup>nd</sup> Annual SEE Parental Involvement Workshop

This workshop is open to parents of students participating in the summer day camp

**Fourth Annual SEE Summer Day Camp 2009 | July 11, 2009 ---- Registration Form**

Registration for the day camp is free! Parents or the sponsor(s) are responsible for transportation of their children to and from the event. Please fill out the entire form below. Please print clearly.

**Section 1: General Information /Parental Workshop**

Parent's/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent's/Guardian's Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address (es): \_\_\_\_\_ or \_\_\_\_\_

I want to participate in the SEE Parental Involvement Workshop Yes \_\_\_\_\_ No \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Does your child have any allergies or special needs we need to be aware of? : \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

How did you hear about the SEE Summer Day Camp? Friend or Sorority Member: \_\_\_\_ Church: \_\_\_\_ Other: \_\_\_\_

**Section 2: Emergency Information**

Which parent/guardian should we contact first in the event of an emergency? \_\_\_\_\_

In the event we cannot reach a parent or guardian in an emergency, please provide us with an alternate emergency contact person who would be authorized to assist your child.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Section 3: Waiver and Release ---Please place an X in the appropriate space.**

- ( ) I have carefully read the following agreement, acknowledge that I understand its contents, and agree to be bound by all of the terms and conditions set forth herein. The signature at the end of the agreement evidences my understanding and commitment to the agreement.
- ( ) I understand my child needs to be able to focus and listen in a camp setting. If any discipline problems occur, I will be contacted to pick up my child.
- ( ) I understand photographs or video presentations may be taken for Durham SEE marketing and event documentation. I give permission for all our images to be used. (Declining this section does not prohibit you or your child from participating in other aspects of the program).
- ( ) I do not give permission for my child's image to be used. ( ) I do not give permission for my image to be used.

I, the undersigned parent or guardian do hereby waive, release, discharge and covenant not to sue Durham SEE, the participating organizations and their representatives from liability for any and all claims resulting in personal injury, accidents or illnesses and property loss arising from but not limited to participation in the activities related to this event.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Mail registration to: Durham Alumnae Chapter, Attn: DURHAM SEE, P.O. Box 2882, Durham, NC 27715-2882  
Phone: 919-419-0189. Registration deadline is June 20, 2009