2017 SPACE VOYAGE SUMMER CAMP – INFORMATION & LIABILITY WAIVER

MAIL TO: SPACE VOYAGE, 1504 SOUTH JOHNSON COURT, LAKEWOOD, CO 80232
PHONE: 303-985-3143 Web Site: http://www.spacevoyage.com

CAMP LOCATION: Space Voyage Summer Camp at Summit Ridge Middle School,
11809 W. Coal mine Ave., Littleton, CO 80127

Student's Name: ____________________________ Week Attending (circle): S1 S2 S3 S4 S5 S6

With whom will this child be living with at the time of the camp? Parents ______ Other ____________ (please specify)

Father/Guardian Name: _____________________ Home Phone: __________________ Cell: _____________________

Employer: ________________________ Work Phone: ___________________ E-mail: ___________________________

Mother/Guardian Name: ______________________ Home Phone: __________________ Cell: ___________________

Employer: ________________________ Work Phone: ___________________ E-mail: ___________________________

Please use the following space to explain any special instructions/circumstances the camp staff should be aware of regarding the health / education of your child. Use additional paper if necessary.

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RELEASE OF LIABILITY
In consideration of Space Voyage Simulations and Space Voyage Summer Camp in granting the above named student permission to participate in the camp, I hereby assume all risks of his/her personal injury (including death) that may result from any activity at Space Voyage Summer Camp. As parent/guardian, I do indemnify, defend and hold harmless, Space Voyage Summer Camp, Jefferson County Public Schools, Space Voyage Simulations, its officers, employees, agents, instructors, and all participants in the camp from all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, which may result from negligence and/or the student taking part in camp activities.

PHYSICAL EXAMINATION WITHIN ONE YEAR
I certify that within the past year my daughter/son has had a physical examination by a physician, and he/she is physically able to participate in the Space Voyage Summer Camp activities.

CONSENT FOR TREATMENT AND/OR FIRST AID
In the event of injury or illness, I hereby give my consent for medical treatment and permission for first aid to be provided on site for minor injuries, and permission to secure proper treatment for my child as deemed necessary. I understand every attempt will be made to contact me, the parent/guardian, prior to any medical attention beyond minor first aid, is given. I agree to be responsible for all charges incurred.

RELEASE OF MEDICAL INFORMATION
I authorize the release of medical information for billing purposes.

Parent/Guardian Signature: ____ **Date:** ___________________

PLEASE RETURN THIS FORM ALONG WITH THE CAMP MEDICAL FORM TO SPACE VOYAGE. REGISTRATION WILL NOT BE FINAL UNTIL THESE FORMS ARE COMPLETE AND ON FILE WITH THE PROGRAM. PLEASE MAIL TO SPACE VOYAGE, 1504 SOUTH JOHNSON COURT, LAKEWOOD, CO 80232.