



Juniata College Presents:
Chemistry Camp



Juniata College
 von Liebig Center for Science
 Saturday, February 27, 2010
 9:00am - 2:00pm

A Saturday camp for students in Kindergarten through 8th grade sponsored by the Juniata College Chemistry Club.

Cost: \$40 for first child, \$20 for each additional sibling (lunch provided):

Make checks payable to *Juniata College*. Payment must be sent with the completed registration form to: Chem. Club, Chemistry Department, Juniata College, Huntingdon, PA 16652, OR new for 2010, register online at: <http://www.juniata.edu/services/conferences/campsconf.html>

Space is limited to 75 children and the **deadline is February 17**, so please respond as soon as possible!

Last Name	First Name	Birthdate (m/d/y)	Grade
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Last Name	First Name	Birthdate (m/d/y)	Grade
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Home Address	City	State	Zip Code	Home Phone
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Mother's/Guardian's Last Name	First Name	Mother/Guardian's Daytime Phone #
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Father's/ Guardian's Last Name	First Name	Father's/Guardian's Daytime Phone #
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(Please direct participant questions to Anna Bloom (443-322-4641))



Release: I, the undersigned, individually, and as parent(s) and guardian(s) of _____, a minor, consent that he/she be admitted to participate in this camp sponsored by Juniata College. In consideration of such participation, I do hereby release, discharge, and hold harmless Juniata College, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of an injury or accident involving the said minor arising out of the minor's attendance at the camp or in the course of competition and/or activities held in connection with the camp. I give permission to the workers and employees to treat injuries sustained in camp and assist participants.

Medical Treatment Authorization: I hereby authorize the clinical staff of Juniata College and J.C. Blair Memorial Hospital to provide care that includes routine diagnostic procedures (i.e. x-rays, blood, and urine tests) and medical treatment as necessary to my minor son/daughter.

I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the camp. In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I give my consent for physicians and staff at Juniata College and J.C. Blair Memorial Hospital to perform any necessary emergency treatment. I give permission to workers and employees to treat injuries sustained in camp and to assist participants.

Physical conditions that the clinician should be aware of (allergies, recurring illnesses, disabilities, chronic illness, etc.):

Date of most recent tetanus immunization: _____
(If more than ten years ago, a booster shot is recommended.)

Name of Family Physician Phone Number

Name of Medical Insurance Company

Address of Medical Insurance Company City State Zip Code

Medial Policy Subscribers Name Medical Policy Number Group Number

_____ Mother's/Guardian's Signature	_____ Date
_____ Father's/ Guardian's Signature	_____ Date

Photo Release

I, the undersigned, hereby give permission for images of my minor child(ren) named below, captured during Chemistry Camp at Juniata College, to be used by Juniata College for promotional purposes in any media whatsoever, without restriction as to alterations, and in conjunction with my own or a fictitious name. I consent to such uses and hereby waive all rights to compensation and any right to inspect or approve the finished product image, regardless of format.

(please print)
Name(s): _____

Adult or Parent/Guardian: _____

Signature: _____ Date: _____