



**CPSX Space Camp 2017 Registration Form**

Centre for Planetary Science & Exploration, Western Science Centre Room 121, UWO, London, ON N6A 3K7  
Phone: (519) 661-2111 x 88508      Email: spacecamp@uwo.ca      Web: spacecamp.uwo.ca

**Campers' Information**

Campers' Name: \_\_\_\_\_  
(First) \_\_\_\_\_ (Last) \_\_\_\_\_

Male  Female  Age: \_\_\_\_\_ Ontario Health Card: Yes  No  T-shirt Size (youth sizes): S M L XL

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_  
\_\_\_\_\_

Special Needs: \_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Information**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ Phone (H): \_\_\_\_\_  
(W): \_\_\_\_\_ (W): \_\_\_\_\_  
(Cell): \_\_\_\_\_ (Cell): \_\_\_\_\_  
Relationship to the camper: \_\_\_\_\_ Relationship to the camper: \_\_\_\_\_

**Emergency Contact:** (other than the Parent/Guardian listed above)

Name: \_\_\_\_\_ Relationship to the Camper: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (Cell): \_\_\_\_\_

**Sign-out:**

Specify ALL individuals below who are authorized to sign-out your child from camp (including parents/guardians)

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

*Please note:* PHOTO IDENTIFICATION is **mandatory** during pick-up and will be checked daily by camp counselors. No camper is allowed to sign themselves out.



**Please circle your selection (Select the grade the camper will complete in June 2017):**

**Note:** In 2017, we have two themes for the camp: **Theme 1- Journey to Mars** and **Theme 2- Journey through Universe**. Week 6 (August 8-11) is a 4-day week due to the Civic Holiday on August 7<sup>th</sup>.

<b><u>Camp Week &amp; Date</u></b>	<b><u>Camper's Grade</u></b>	<b><u>Theme</u></b>	<b><u>Camp Fees (\$)</u></b>
Week 1: July 3-7	Completed 3/4/5	1	250.00
Week 2: July 10-14	Completed 3/4/5	2	250.00
Week 3: July 18-22	Completed 6/7	1	250.00
Week 4: July 24-28	Completed 6/7	2	250.00
Week 5: July 31- August 4	Completed 3/4/5	1	250.00
Week 6: August 8-11	Completed 3/4/5	2	200.00
Week 7: August 14-18	Completed 6/7	1	250.00
Week 8: August 21-25	Completed 6/7	2	250.00

**Extended Care:**

Early drop-off (8:00-8:45AM) \$25/week: Yes  No

Late pick-up (4:15-5:00PM) \$25/week: Yes  No

<b>Camp Fees</b>	<b>Extended Care</b>	<b>Total Cheque Amount</b>

**Please write the Cheque to 'Western University'**

**Cancellation, Change and Refund Policy:** All cancellation and refunds request must be sent via e-mail to spacecamp@uwo.ca by July 1st. No refunds will be issued after this date. A 15% non-refundable administration fee is applied to any and all cancellations. There are no refunds issued for the days during which your child is not present during the registered days. If you choose to modify the attendance details, including the week or the age group, the request must be submitted in writing by July 1st. A \$15.00 change fee will be administered to your account. In all circumstances, a full refund will be issued for withdrawals due to medical reasons, with appropriate medical documentation provided. No refunds will be made in the event of university closure.



**Consent:** The personal information on this form is collected under authority of Western University Act, 1982, as amended and is used to process camp applications and administer summer camp programs. In the event of an emergency, we will disclose information to emergency medical personnel and to the emergency contact provided on your registration form. Photographs and/or videos taken during camp may be used by Western in Western’s publications including, but not limited to, printed publications, poster displays, electronic publications and websites, external media or other promotional media that supports Western’s education initiatives and programs. Questions about this collection, use, or disclosure of personal information should be directed to the Education & Outreach Coordinator, Centre for Planetary Science & Exploration, Western University, Western Science Center Room 121, London, Ontario, Canada, N6A 3K7, phone: 519-661-2111, ext. 88508, email: [spacecamp@uwo.ca](mailto:spacecamp@uwo.ca).

I hereby acknowledge that I have read and understood this Consent Agreement, as well as the Cancellation, Change and Refund Policy, and certify that all information provided in this form is true and complete, to my knowledge.

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Print Name	Signature	Date
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**CPSX Space Camp 2016 Photo Release and Media Wavier Form**

Centre for Planetary Science & Exploration, WSC Room 121, UWO, London, Ontario N6A 3K7

Phone: (519) 661-2111 x 88508

Email: spacecamp@uwo.ca

Web: spacecamp.uwo.ca

I acknowledge that photographs and/or videos may be taken of my child during his/her participation in Space Camp, by a photographer and/or videographer acting on behalf of the University of Western Ontario (“Western”).

On behalf of my child, I give to Western exclusive permission in perpetuity to use for no charge any photographs and/or videos taken of my child during his/her participation in Space Camp by a photographer and/or videographer acting on behalf of Western for reproduction by Western in its program materials or other published materials and initiatives consistent with Western’s educational purposes.

\_\_\_\_\_  
Name of Child (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent / Legal Guardian

\_\_\_\_\_  
Parent / Legal Guardian Signature