

Missouri Institute of Natural Science

2327 W. Farm Rd. 190, Springfield, Mo. 65801 417-883-0594

Registration for Dino Camp Summer 2020

Camper's name _____ T-Shirt size _____

Prefers to be called _____ boy _____ girl _____

Address _____

City _____ State ____ Zip _____ Phone _____

Names of parents living with child _____

E-mail address _____

Date of birth _____ Age _____ Grade in school _____

Camp Session Attending (Please check one)

- July 6 - 9 (Finished 1st or 2nd Grade)
- July 20 - 23 (Finished 3rd through 5th Grade)

Cost \$75.00 per session per camper. A \$20.00 non-refundable deposit is required to ensure a spot on the camp roster (limited to 15 kids per session). Total amount enclosed \$ _____

Allergies or other physical needs/limitations: _____

(please continue on back if necessary)

In case of emergency, whom should we notify if we cannot reach you?

Name _____ Relationship _____

Emergency Phone Number _____

I, the undersigned Parent/guardian of this minor child, give permission for this child to participate in Dino Camp. I give permission for my child's picture to be taken to be used on the museums website or in museum publications. I hereby give permission for the adult bearer of this document or a photocopy thereof to give consent for emergency medical treatment of my child by a licensed physician.

Signature _____ Date _____