

2010 Camp 'Imiloa Program Enrollment Form



Please print legibly or type. Incomplete applications cannot be processed and will be returned.

Program selection (check one)

Selection	Session	Program	Dates	Tuition	Grade Level
	08D	Science Rocks! for Girls	June 1-June 4, 2010, Tues-Fri	\$110	3-6
	08F	Science Rocks! for Boys	June 8- June 11, 2010, Tues-Fri	\$110	3-6

*`Imiloa members receive a \$10 discount = \$100 for either camp!

*Daily drop-in rate: \$30/day (No discounts available)

Student's Last Name	First	Grade (as of Jan 1, 2010)		3	4	5	6
Mailing Address			Sex: <i>Male Female</i>	Age: 8 9 10 11 12			
City	State	Zip Code	Home phone number ()				
Parent's email address if available			School currently attending				
Father's Name			Business Phone ()				
Mother's Name			Business Phone ()				
In case of emergency (and parents are not available), please contact:							
Name		Relationship		Phone			
Family Doctor		Phone					
Medical Insurance plan		Membership number					
Name of person(s) who will be picking up student				Phone			

ACCIDENT, MEDICAL, AND MEDIA RELEASE

We, _____ (names of parents or guardians), parents of _____ (name of student), who is attending the *Camp 'Imiloa* session, release all officers/directors/staff members and teachers of *Camp 'Imiloa, the 'Imiloa Astronomy Center of Hawaii'i, the University of Hawaii'i at Hilo,* and all other sponsoring agencies and/or organizations of any claim for damages, liability, injury, expense, or loss on account of any negligence or other wrong doing that may occur while our child is attending *Camp 'Imiloa.* We also agree to indemnify and hold harmless those persons of the above stated organizations on any claim arising out the *Camp 'Imiloa* activities under this agreement. In case of accident or need for medical attention, we give permission to the *Camp 'Imiloa* manager, director or other staff members to take our child, _____ (name), to a doctor, dentist and/or emergency medical facility. It is understood that the cost for treatment will be borne by the parent or guardian.

We also hereby give permission to the *Camp 'Imiloa and the 'Imiloa Astronomy Center of Hawaii'i,* to film, tape, or otherwise record our child's name, voice, and/or person. We understand that these recordings of our child may include news releases to include photographs about the *'Imiloa Astronomy Center of Hawaii'i* and other media releases to publicize *Camp 'Imiloa and the 'Imiloa Astronomy Center of Hawaii'i* and open-circuit (broadcast), closed-circuit, and/or cable television transmission within or outside of the State of Hawaii'i in perpetuity. We also understand that there will be no financial or other remuneration for recording our child, either for initial or subsequent transmission or playback. The *'Imiloa Astronomy Center of Hawaii'i, University of Hawaii'i at Hilo,* may also use our child's name, likeness, and/or bibliographical identification for publicizing and promoting the use of these recordings.

Further, we have read and understand the refund policy and enrollment information and policy stated in the *Camp 'Imiloa* materials.

FATHER'S OR LEGAL GUARDIAN'S SIGNATURE

DATE

MOTHER'S OR LEGAL GUARDIAN'S SIGNATURE

DATE

Note: both parents or legal guardians listed on form must sign.

Payment: tuition must be paid in full and mailed with a completed enrollment form. Make personal check, money order, or cashier's check payable to 'Imiloa Astronomy Center of Hawaii'i.

Received on _____	Check no. _____	Date _____	Total Enclosed _____
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