

Registration Form – Hope College Xtreme Science Club (Please use one form per child)

This form may be copied for additional registrations. Print in ink or type, and return with your check payable to Hope College 35 E. 12th St. Holland MI 49423.

Member's Last Name First Name Age Parent's Name(s)

() male () female Grade (Fall '07)_____ Home Phone_____ Cell_____

Emergency Contact Info:_____

Home address _____
(number and street or box no.)

(City) (State) (Zip Code)

E-mail Address _____

Send fee and form to: Hope College Science Camps
35 E. 12th Street
Holland MI 49423

Insurance /Injury Policies and Health Form to be completed by parent or guardian. Print in ink or type only. Please note: The activities and demonstrations in this camp are designed to be safe and the campers will be taught standard laboratory safety techniques. However, in case of injury the college does not provide insurance for its campers and its liability under the law must be based on fault. It is necessary to establish the liability and negligence of the college and that the student was free from any negligence. Accordingly, students and parents are advised to be certain that there is coverage by personal or family health and accident insurance.

Camper's last name First name Middle Name Birthdate
School and City

Physician's Name Physician's Phone

I accept the accident policy and in the event that I am unavailable for purposes of providing parental consent, I hereby authorize the Holland emergency health care system to provide care. List physical conditions that we should be aware of (allergies, disabilities, etc.):

Printed full name of parent/guardian Signature of parent/guardian Date