

Calvin College Chem-Camps 2009 Registration Form

Print in ink or type and return the completed form with a check made out to "Calvin College"

Please indicate your first and second choice, if possible, in case the session of your choice is filled.

() A: June 15-19, 9:30 a.m. – noon

() C: June 22-26, 9:30 a.m. – noon

() B: June 15-19, 1:00 – 3:30 p.m.

() D: June 22-26, 1:00 – 3:30 p.m.

Girl's Week:

() E: July 6-10, 9:30 a.m. – noon

() F: July 6-10, 1:00 – 3:30 p.m.

Fee: \$125 includes materials and camp T-shirt

Note: Confirmation letters will be sent the first week in June and will include information on what the camper needs to bring and more specific instructions on where the session meets.

Cancellation policy: after June 1, no refunds will be given. Prior to June 1, the camp fee minus 10% will be refunded.

Camper's Last Name First Name Grade (2009/2010)

School currently attending Age female male Home phone

Home address (number and street or box no.) City State Zip

Parent's Name e-mail address

T-shirt size (Adult sizes) S M L XL XXL (Students will be wearing the shirt throughout the camp as a "lab coat")

Insurance/Injury Policy and Health Form: (To be completed by parent or guardian. Print in ink or type only.)

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 camps and its liability under the law must be based on fault. It is necessary, in order to establish the liability of the college for such injuries, not only to prove negligence or carelessness on the part of the college, but also to show that the student was free from any negligence or carelessness which might have contributed to the injuries. Accordingly, students and parents are advised to be certain that there is coverage by personal or family health and accident insurance.

Physician's Name Physician's Phone

Mother's Daytime Phone Father's Daytime Phone

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

Printed full name of parent/guardian

Signature of parent/guardian

Send \$125 fee & form to:
Calvin Chem-Camps, Chemistry Department
Calvin College, 1740 Knollcrest Circle SE
Grand Rapids MI 49546-4403