
Information

Location

Trinity Lutheran Church

Cost

\$30* for the 9 am to 2 pm camp.
*\$35 if registering after April 18.

Registration

Fill out the form and return to Mr. Z or Mrs. Chiesa with check payable to Cat's Science Club.

Refund Policy

No refund is possible after April 18.

Presenters

Kara Chiesa and Ron Zdunczyk

Contact Information

Cat's Science Club
PO Box 576
Maumee, Ohio 43537-0576
cat@catsscienceclub.com
419-213-9970

Check Us Out

CatsScienceClub.com

Like Us On

Facebook Cat's Science Club

Thrilling for the science loving child!

Spring Science Camp will be held at Trinity Lutheran Church in Delta Ohio. Located on Taylor Street near Delta Elementary.

Participants will enjoy an exciting day learning about science and having fun.

What will the kids be learning?

Great question!! Campers will be learning basic concepts in science with lots of hands on activities. They will be able to apply these concepts in everyday life.

What will we need to bring?

Pack your own lunch

Anything Else?

Small science toys will be on sale starting at 25¢. T-Shirts available for \$10

Spring Science Camp 2019!

For Students In 1-6 Grade!

Monday April 22 2019

9 AM to 2 PM

Presented by

Cat's Science Club



CatsScienceClub.Com

Trinity Lutheran Church
410 Taylor Street
Delta, Ohio 43515

Waiver

The undersigned, in partial consideration for the participation of his/her child/ children in Science Camps, does hereby waive, release and forever discharge Cat's Science Club, its agents and employees from any and all claims of injury or property damage sustained by the participant child/ children arising from or out of said participation. In addition, the undersigned does hereby agree to indemnify and save harmless Cat's Science Club, its agents and employees from all claims or demands whatsoever arising from injuries or property damage resulting from the participation of his/her children in the above-mentioned activity, including but not limited to negligence of said employees or agents.

Child's Name Child's Grade _____

Signature of Parent/Guardian

Date _____

Additional Information

Email _____

Your child's picture will be posted on social media unless explicitly told otherwise.

Authorization To Consent To Medical Treatment Of Minor

I (We), the undersigned, parent(s) of _____, a minor (the "Minor"), hereby authorize Cat's Science Club its authorized agents and employee(s) as agent(s) for the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care or dental care or treatment which is deemed necessary or advisable by, and is to be rendered under the general or special supervision of, any licensed physician, surgeon or dentist.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority and power on the part of the appointed agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, surgeon or dentist in the exercise of his or her best judgment may deem necessary or advisable.

The undersigned also consent to the administration of any and all necessary or advisable first aid in the event the Minor becomes ill or injured on the premises or while participating in camp programs.

The undersigned further agree that they, their heirs and legal representatives will not, whether on their own behalf or for the Minor, make a claim against or sue Cat's Science Club and employees for any injury or damage resulting from or arising out of the negligence or other acts, howsoever caused, of any party occurring in connection with the provision of medical treatment and/or first aid to the Minor.

Parent/Guardian Signature _____ Parent/ Guardian Name (print) _____

Address _____

Cell / Home Number _____ Work Telephone Number _____

MEDICAL INQUIRY SHEET

Date of Birth _____ Height _____ Weight _____

Allergies (i.e. food, insect, animal, plant etc.) _____

Other Medical Conditions Present That We Should Be Aware Of: _____

List any special medical needs necessary: _____

List Any MEDICATIONS Taken On A Regular Basis _____

Name of Family Doctor _____ Phone No. _____

Whom to Notify in Case of an Emergency _____

Relationship _____ Phone No. _____

Second Emergency Contact/Relationship: _____ Phone No. _____

Add additional information, if needed, on a separate paper and attach to this form.