

**“e” inc.’s Summer Science Discovery Program  
2023 Acknowledgement of Risk and Assumption of Personal  
Responsibility Waiver**

Camper’s Full Name: \_\_\_\_\_

**“e” inc.** staff make every effort to conduct safe programming and risk management is an essential element of all offered activities. While we anticipate that these efforts and considerations will ensure the safety of each child, we are also aware that it is neither possible to foresee nor eliminate all risk.

I understand that program activities may include, but are not limited to: playing active games and participating in activities near water.

I acknowledge that such risks exist, and I hereby agree on behalf of my child to assume such risks. Further, on behalf of my child, I hereby release and forever discharge, and agree not to sue, and agree to indemnify and hold harmless **“e” inc.**, and its employees, from and against any and all liabilities and obligations of every kind and description, which I shall or may have against them or any one or more of them arising out of, or in connection with, my child’s participation in the **“e” inc.** program and activities, including, but not limited to, for any personal injury that my child may suffer while participating in the “e” inc. program, excepting in the case of gross negligence.

I understand and agree on behalf of my child that my child shares the responsibility for safety during **“e” inc.** program and activities, and I personally assume on behalf of my child that responsibility.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

## "e" inc.'s Summer Science Discovery Program 2023 Registration Form



Thank you for choosing "e" inc.'s Summer Science Discovery Program for your camper. We are excited to have you with us and we appreciate your interest in fostering a love of science and the natural world.

### Camper

Full Name: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Date of Birth (mm/dd/year): \_\_\_\_\_ Age as of Aug. 2023 \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

To register more than one camper, please provide the name, gender and birth date of each additional camper:

(1) \_\_\_\_\_ (

2) \_\_\_\_\_

### Parent/Guardian 1

Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (if different from camper): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

### Parent/Guardian 2

Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (if different from camper): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact (other than parents)

Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Other than the adults listed above, I authorize "e" inc. to release my child to the following persons only:

Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

### Summer Schedule

Dates	Campers		Fee (Total Campers x \$450)
	Age 6 to 8	Age 9 to 12	
Session 1: Aug 14-18			

Session 2: Aug 21-25			
Session 3: Aug 28-Sep 1			
Less Discount: Siblings <b>OR</b> Multi-Week*			
Extended Day Total (See Extended Enrollment Form)			
Total Fee			

*Sibling Discount:* For families of more than 1 attending child - deduct \$20 from the total

*\*Multi-Week Discount:* For campers registering for both weeks - deduct \$20 from the total

**\*\*ONLY 1 DISCOUNT IS ALLOWED.** If both offers apply, choose one.

### Registration

To submit completed forms:

- Scan and email to [camp@einc-action.org](mailto:camp@einc-action.org), or
- Mail to our office

**"e" inc.**

114 16<sup>th</sup> Street

Room 1030

Boston, MA 02129

Registrations are processed in the order they are received. Once processed, you will receive an email confirmation of your camper's session(s).

How did you hear about camp?

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### Payment

- Payment can be made through the PayPal link on the **"e" inc.** website, or
- Via check
  - Please make all checks out to **"e" inc.**
  - Include camper's name and session on check.
  - Full payment is required to hold your camper's spot.
  - Payment plan possible – call "e" inc. (617-242-4700) for more details

### Refund and Cancellation Policy

Refunds are not made for dismissal, failure to attend, absences or sick days. In the case of cancellations, 50% of the camp fee will be refunded if cancellations are received by **July 1, 2023**.

I have read and understand the camp refund and cancellation policies.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Extended Day Enrollment 2023

**Please complete a form for each child** to be enrolled in Extended Day (Three weeks, Mon-Fri, Until 5:30pm).

Child's Name: \_\_\_\_\_

<b>Week 1</b>	<b>Mon 8/14</b>	<b>Tues 8/15</b>	<b>Wed 8/16</b>	<b>Thurs 8/17</b>	<b>Fri 8/18</b>	<b>Total Cost (\$15/day/child)</b>
<b># of children</b>						

<b>Week 2</b>	<b>Mon 8/21</b>	<b>Tues 8/22</b>	<b>Wed 8/23</b>	<b>Thurs 8/24</b>	<b>Fri 8/25</b>	<b>Total Cost (\$15/day/child)</b>
<b># of children</b>						

<b>Week 3</b>	<b>Mon 8/28</b>	<b>Tues 8/29</b>	<b>Wed 8/30</b>	<b>Thurs 8/31</b>	<b>Fri 9/1</b>	<b>Total Cost (\$15/day/child)</b>
<b># of children</b>						

Name of Adult Picking Up 1: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Adult Picking Up 2: \_\_\_\_\_

Phone: \_\_\_\_\_

- Children can only be released to someone other than one of the adults listed above if we are provided:

- Signed note in AM of that day re: a change that has been made to pickup person
- New pickup person's information (phone #s, emails, and relation)

**“e” inc.’s Summer Science Discovery Program  
2023 Health History and Medication Form**

**Instructions:** A parent/guardian must complete this form for the attending child. Please keep a copy of the completed form for your records. **A copy of your child’s immunization record is required before we can consider your registration complete.**

**Child information:**

Full Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_\_\_ Other

DOB: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone \_\_\_\_\_

**Health Care Information:**

Primary Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Practice: \_\_\_\_\_ Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

**Health Alerts:**

General Health Questions	Yes	No	If YES, provide details:
Allergies to Medicine			EpiPen? (circle)
Food Allergies & Dietary Restrictions			EpiPen? (circle)
Peanut/Nut Allergy			EpiPen? (circle)
Environment/Seasonal Allergies			EpiPen? (circle)
Bee Sting/Insect Bite Allergies			EpiPen? (circle)
Hospitalization or Surgery			
Asthma			Inhaler?
Diabetes			Injection?
Seizure Disorder			
Heart Problems			
Bladder Problems			
Fears			Suggested supports:
Frequent Headache			
Other:			

**\* It is required that all program attendees are able to administer their own injections (EpiPen, inhaler, etc.)**

**Medication Taken During the Program**

- Must be in the original labeled pharmacy container.
- Parents must sign a consent form prior to medications being administered by “e” inc. staff.

This child will bring the following medications to the program:

Name of Medication	Amount/Dose	How it is given (ex. by mouth)	When it is given	Reason for Taking

**Permission to Dispense Over-the-Counter Medications** (check permitted)

Sunscreen	<input type="checkbox"/>	Insect Repellent	<input type="checkbox"/>	Acetaminophen (Tylenol)	<input type="checkbox"/>	Ibuprofen (Advil)	<input type="checkbox"/>
Diphenhydramine (Benadryl)	<input type="checkbox"/>	Antibiotic Cream (Neosporin)	<input type="checkbox"/>	None of these	<input type="checkbox"/>		

I understand that “e” inc. is rendering a service and does not assume any responsibility in this matter. I hereby authorize “e” inc. to administer/dispense, to my child, \_\_\_\_\_, the prescription and over-the-counter medication(s) checked above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION:** The above health history is correct and complete to the best of my knowledge. I give permission to “e” inc. to provide health care and/or treatment and to share my child’s emergency information and health history form information with appropriate program staff, when necessary, and for treatment, referral, billing or insurance purposes.

Every effort is made to contact parents/guardians in case of medical emergency; however, in the event that a parent/guardian cannot be reached. I, \_\_\_\_\_, hereby give permission to “e” inc. and the physician selected by the organization executive director to give, administer and render any treatment or aid, including anesthetics or surgery, as is necessary to protect, preserve, and safeguard the life and health of our camper, \_\_\_\_\_.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit a copy of your child’s immunization record with this form.**







## **“e” inc. Photo Consent Form**

### **Photo Release**

I hereby give **“e” inc.** permission to use my child's picture, image or likeness in any **“e” inc.** literature, press release, advertisement, publication or situation that promotes the mission and philosophy of **“e” inc.** I understand that **“e” inc.** is a non-profit organization that works to increase the planet science achievements and civic participation of urban children, *and that my child's picture or likeness would be used to increase “e” inc.’s capacity to serve our children and our communities.*

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

We are very excited to begin our program and we thank you very much for allowing us to take photos of your child as a way to spread information about our work. We appreciate your support.

Sincerely,

**“e” inc.** staff

