

EXPLORA-tions Camp 2019

Registration and Payment Form



Information and Registration

You can register online at www.explora.us, or call 505-224-8341. Questions can be emailed to: campcoordinator@explora.us. The reservations office is open Monday through Friday, 9am to 5pm. *Para español, llame al 505-224-8323, de lunes a viernes, de 9am a 5pm.* Payment must accompany registration: cash, checks made payable to Explora, VISA, MasterCard, Discover or American Express. For mail-in registration, send this form with payment to: Explora, 1701 Mountain Rd. NW, Albuquerque, NM 87104.

Cancellation

If a cancellation is received at least 5 business days before the first class, a refund will be issued for the amount minus a 15% administration fee. Cancellations received fewer than 5 business days before the first class will not be refunded. Full fees will be refunded if Explora cancels a program.

1st Child's Name: _____ Age: _____ Date of Birth: _____
2nd Child's Name: _____ Age: _____ Date of Birth: _____
Parent/Guardian Name: _____
Address: _____
City/State/Zip: _____
Day Phone: (____) _____ Alternate Phone: (____) _____
E-mail: _____

We'll send you additional info before camp time, plus info about Explora events, programs, and news

Fees

☺ **IDEA!** Consider an Explora membership to get discounts on camps and other programs, and free admission for a year!

Single-day Camp: Friday, April 19, 2019: Day camp for ages 4-7 or 8-12. Explora members \$65, Non-members \$75

Week of Camp: May 27-31, 2019: Full day camp for ages 4-7 or 8-12. Explora members \$100, Non-members \$115

Single Day Camp - Please mark your choices:

Friday, April 19, 2019, 9am-2pm

Before Camp Meet and Greet: April 14, 2019, noon-1pm

Ages 4-7
Ages 8-12
1st child 2nd child

Full Week Camp - Please mark your choices:

May 27-31, 2019, 12-4pm (Mon), 9am-2pm (Tues-Fri)

Before Camp Meet and Greet: May 25, 2019, 4-5pm

Ages 4-7
Ages 8-12
1st child 2nd child

Payment

Day Camp fees \$ _____ + Week Camp fees \$ _____ = Total \$ _____

Membership Status: Member Non-Member

Payment Method: Check #: _____ Credit Card: VISA MasterCard Discover American Express

Credit Card Number: _____ Exp. Date: _____

Cardholder's Signature: _____ Date: _____

EMERGENCY CONTACTS	
Name:	Name:
Relationship:	Relationship:
Phone:	Phone:

Child's Insurance Provider: _____

List all person(s) allowed to pick up the child (even if listed above):

ANYONE PICKING UP YOUR CHILD MUST BE PREPARED TO SHOW A PICTURE ID

Please provide information on any medical, psychological or behavioral conditions as well as any allergies or special needs that we should be aware of to ensure a positive experience for you child.

Please list any prescription medications needed by your child. Be aware that Explora staff is not responsible for dispensing medication.

AUTHORIZATION FOR MEDICAL TREATMENT

Explora wishes to avoid difficulties in obtaining medical services for children who may become ill or injured during Explora activities. As the parent/guardian of a child participation in an Explora sponsored activity, it is necessary that you consent, in advance, to hospitalization, medical attention or surgery for your child in case an emergency occurs. If no consent is given, you must provide a written statement of procedures to be followed if your child is injured or becomes ill during the activity.

In the event of illness or injury, a reasonable effort will be made to contact you to obtain consent in advance of medical services given. If we are unable to contact you, Explora staff will consent to such services for your child by acting on your behalf based on written authorization. That authorization is the consent below.

I, the parent/guardian of _____, have read the above and hereby designate Explora staff to act in my behalf in the event of a medical emergency. He/she may authorize such hospitalization, medical attention, or surgery as may be required in an emergency because of illness or injuries sustained by my child while participating in Explora sponsored activities. I hereby assume financial responsibility for hospitalization, medical attention, and surgery provided.

Parent/Guardian Signature: _____ Date: _____

PHOTO/VIDEO RELEASE

(Signing this release is not a requirement for participation in Explora programs)

I, _____, parent or guardian of _____, give permission for photos/videos to be taken of the child listed above. Images or sound recorded may be used in such items as but not limited to Explora's newsletter, web site, flyers, brochures, newspapers, banners, magazines, or other promotional or documentary items.

Signature: _____ Date: _____