



# Camp Invention Registration Application

**Where:** Stewartville High School  
**When:** July 12 - 16, 2021, 9:00 AM to 3:30 PM  
**Notes:** Thanks to generous support from Spring Valley Area Community Foundation, scholarship recipients may register for \$60!

## Child Information

First Name*	Last Name*	Birth Date*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	Ethnicity*	Photo Release*
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Grade Fall 2021*	School Fall 2021*	
<input type="text"/>	<input type="text"/>	
T-Shirt Size*	How did you hear about camp?*	
<input type="text"/>	<input type="text"/>	

Youth S-L, Adult S-XXXL

Attend Camp Your Way\* Options may be subject to change  
 In-Person  At-Home

### If In-Person:

Does your child require an EpiPen®?\*

Yes  No

Allergies, prescribed medications, and/or special accommodations See Terms & Conditions

Alternate Transportation Name / Relationship / Phone

## Parent/Guardian Information

First Name*	Last Name*	Phone*	Email*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address* No PO Boxes please		City*	State*
<input type="text"/>		<input type="text"/>	<input type="text"/>
		Zip*	<input type="text"/>

## Payment N/A Already Paid

Program Price	Donation
\$ <input type="text"/>	\$ <input type="text"/>

- Add Extended Day \$80 If available
- Add Cancellation Insurance \$25  
See Terms & Conditions

## Discount Code / Amount N/A

Scholarship	\$ <input type="text"/>
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## Payment Amount

\$60
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## Pay With

Credit Card # No Am Exp	Exp Date
<input type="text"/>	<input type="text"/>

Or

Check #	License #
<input type="text"/>	<input type="text"/>

Routing #	Account #
<input type="text"/>	<input type="text"/>

## Terms & Conditions

**Refund Policy & Cancellation Insurance:** \$75 of each registration fee is nonrefundable. The remaining balance is refundable up to 11:59pm ET on the Sunday 3 weeks prior to the program start date. Cancellations made after this time are nonrefundable, as materials and educator costs are allocated and final. If there is availability, you can update your at-home/in-person preference or switch your program location up to 6 weeks prior to start date. Scholarships are nonrefundable. Cancellation Insurance may only be purchased at time of registration for an additional \$25 per participant, which covers the registration cost should a parent need to cancel, less the insurance fee. Cancellation Insurance claims are redeemable up to the 1<sup>st</sup> day of the program by speaking with a representative at 800-968-4332.

**Behavior Policy:** Children are to behave in an acceptable manner and use appropriate language at all times. Please remember there are no refunds if a child is asked to leave a program for unacceptable behavior.

**Accommodations & Medical Authorization:** Please call 800-968-4332 a minimum of 8 weeks prior to the program start date if 1:1 assistance or medication administration is requested. We will provide a form to submit any necessary information. While a request cannot be guaranteed, all reasonable inquiries will be reviewed for safety and program integrity. \*Nurses, special education assistants, aides, etc., are not on site unless a parent arranges an approved accommodation beforehand.

**Emergency Treatment Authorization:** You hereby authorize the diagnosis and treatment of your child by a qualified and licensed medical professional, should a medical emergency occur, which the attending medical professional believes requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement or impairment, or undue pain, suffering or discomfort, if delayed. Permission is granted to the attending physician to proceed with any examination, diagnosis and medical or minor surgical or other treatment. In the event of a medical emergency you understand that every attempt will be made by the attending physician to contact you in the most expeditious way possible. The authorization is granted only after a reasonable effort has been made to reach you. Permission is also granted to the National Inventors Hall of Fame, Inc. and its affiliates to provide emergency treatment prior to the child's admission to a medical facility. This release is authorized for the duration of the registered session. This release is authorized and executed of your own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in your absence.

**Liability Waiver:** On your own behalf, and as parent or guardian, you acknowledge and agree that there is the possibility of physical injury or loss associated with your child's participation in the program and hereby release and discharge the National Inventors Hall of Fame, Inc., its affiliated organizations, employees and associated personnel including the owners of the program facility against any and all claims, liabilities and/or damages as a result of your child's participation in the program.

**Photo Release:** You authorize the National Inventors Hall of Fame, Inc. and its affiliates, to obtain, store, publish and/or use (without payment) any photographs, slides, sound and/or video recordings made of your child for public relations, marketing/advertising and/or internal training purposes.

**Confirmation** By registering your child you have read and agreed to the Terms & Conditions of the program.

## Parent Signature\*

Date\*

