



5521 Michigan Blvd.  
Concord, CA 94521  
Office/Fax: (925)969-0808  
Mobile: (925)788-6910

randy@monroescienceed.com  
http://www.MonroeScienceEd.com

### **Camp Monroe: *The Lassen Experience* - Registration (1 of 3)**

Camp Monroe: *The Lassen Experience* is a 6<sup>th</sup> & 7<sup>th</sup> grade Standards-Based Study Field Trip. The cost is **\$299.00** and includes: 3 days and 2 nights, private charter bus transportation, cabin accommodations, "all you can eat" meals. Each student will need a "bagged lunch" for the first day.

Due to the fixed costs, trips are planned by bus seat quantity and open to first come - first serve only.

Space requirements: 1 bus = 30 students minimum, 2 buses= 90 students maximum.

(Each bus can hold a maximum of 45 students. Camp Monroe can accommodate a maximum of 90 students.)

**Date: Monday, June 13 – Wednesday, June 15 2011 @ \$299.00**

#### **Camper Information (please print legibly):**

Name of Student: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_  M  F

Nickname of Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade in Fall 2010: \_\_\_\_\_

Please group my child with: (full names of 2 or 3 friends) \_\_\_\_\_

Medical Provider Name and Number: \_\_\_\_\_

Does your child have any Special Needs? If so, please explain:

\_\_\_\_\_

Does your child have any particular Dietary Requirements? (food allergies, vegetarian diet, etc.)

\_\_\_\_\_

Does your child have any Medical or Health Concerns? If so, please explain:

\_\_\_\_\_

Is there any additional information that you think we must know about your child? If so, please explain:

\_\_\_\_\_

The Staff of Camp Monroe will be administering the following over the counter medicines as deemed necessary: Aspirin, Tylenol (Acetaminophen), Advil (Ibuprofen), Calamine Lotion, Pepto-Bismol, Milk of Magnesia, or Allergy Tablets (Diphenhydramine hydrochloride 25 mg. Antihistamine). **Please inform us of any of these products that you DO NOT want your child to be given:**

\_\_\_\_\_

Will your child take any prescribed medication(s) or over the counter medication(s) during the hours of the summer program?  Yes  No (If yes, please explain)

\_\_\_\_\_

(An **Authorization to Administer Medication Form** must be completed and on file with Camp Monroe)



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### Camp Monroe: *The Lassen Experience* - Registration (2 of 3)

#### Parental Information:

Name(s) of Parent(s) / Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_\_\_\_\_  
(Daytime) (Evening) (Mobile)

Primary e-mail: \_\_\_\_\_

#### In case of an Emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_  
(Daytime) (Evening) (Mobile)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_  
(Daytime) (Evening) (Mobile)

#### Payment Information:

(check only one) Please Use a separate Registration Form for additional dates.

Monday, June 13 – Wednesday, June 15 2011 @ \$299.00

Payment via Credit Card made online using PayPal or

Enclosed is my Check or Money Order in the amount of: \$ \_\_\_\_\_ (there will be a \$40 fee for all returned checks)

Please Print your PayPal Confirmation Number Here: \_\_\_\_\_

Signature: \_\_\_\_\_



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## **Camp Monroe: *The Lassen Experience* - Registration (3 of 3)**

**Trip Contingency:** Due to fixed operational costs, refunds are provided minus a \$30.00 cancellation fee no less than 7 days prior to trip. An additional \$100.00 charge will apply to cancellations within one week of scheduled trips, but refunds will include a \$100.00 voucher towards a future trip. Camp Monroe reserves the right to cancel camps that do not meet minimum enrollment. If trips do not meet minimum occupancy requirements, a full refund will be issued prior to the scheduled trip.

### **Please initial next to each disclaimer:**

\_\_\_\_\_ I grant permission for my child/ward to participate at Camp Monroe: *The Lassen Experience*. I acknowledge that this is a 3 day / 2 night cabin camping excursion which requires a number of activities with 2-3 hour hikes.

\_\_\_\_\_ Authorization to treat minor: In the event that I cannot be reached in an emergency, I hereby give my permission to call 911 and/or contact a medical facility or physician selected by the staff to secure proper treatment for my child and that I will be responsible for said expense.

\_\_\_\_\_ Prescription or over-the-counter medication: I certify that I will have on file with Monroe Science Educational Services, a current medical form stating all the medications that my child must take.

\_\_\_\_\_ I understand that my child will be responsible and in good conduct to the bus drivers, staff, chaperones, and if applicable adult sponsors at all times. I understand that ALL STAFF are highly-qualified and certified public educators and ALL CHAPERONES MUST BE 21 YEARS OF AGE OR OLDER with a completed Background Check and a current tuberculosis test on file.

\_\_\_\_\_ Although there is a Camp Monroe Blanket Insurance Policy that is provided by Monroe Science Educational Services and Sierra Pacific Bus Corporation, Individual Student Field Trip Medical Insurance is not provided.

### **Waiver of Claim**

In consideration of my child/ward's participation in the activity, I hereby waive all claims or causes of action against Monroe Science Educational Services, Camp Monroe and its auxiliary organizations, and their directors, staff, employees, and agents, arising out of my child/ward's participation in the activity. I also hereby release, hold harmless, and discharge Monroe Science Educational Services from all liability in connection therewith. In addition, I have been advised to obtain personal medical coverage and I agree to use my child/ward's personal medical insurance as a primary medical coverage payment if accident or injury occurs. I also give permission for photographs and/or video to be taken of him/her while participating in this event, and for these photographs and/or videos to be used for publicity purposes.

I have read and hereby certify that the above listed information is correct to the best of my knowledge. I further agree to the terms and conditions listed above. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against Monroe Science Educational Services is knowingly given up in return for allowing my child/ward's participation in the activity.

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

**Please bring this 3-Page Registration Form to class, or you may Mail or Fax to:**

Monroe Science Educational Services  
5521 Michigan Blvd.  
Concord, CA 94521-1466  
Office/Fax: (925) 969-0808