

Camp Registration Form

Student's Name: _____ Grade entering: _____

We are interested in attending the following camp site.

____ STEMM ACADEMY JUNE 10TH THRU 13TH

___ EV3 ROBOTICS ___ FLIGHT ___ GAME DESIGN ___ ELEMENTARY STEMQUEST

____ DAVIDSON MS JUNE 17TH THRU 20TH

___ EV3 ROBOTICS ___ FLIGHT ___ GAME DESIGN ___ ELEMENTARY STEMQUEST

____ STEMM ACADEMY JUNE 24TH THRU 27TH

___ EV3 ROBOTICS ___ RYZE UP! DRONES ___ DIGITAL VIDEO PRODUCTION (CODING)
___ ELEMENTARY STEMQUEST

____ 9TH ANNUAL HUB CITY LEGO ROBOTICS @ SHOAL RIVER MS JULY 29TH THRU MARCH 1ST.

___ EV3 ROBOTICS ___ RYZE UP! DRONES ___ ELEMENTARY STEMQUEST

Address: _____ City: _____ State: _____

Zip: _____ Parent's Name: _____

Parent's E-mail: _____

CONTACT NUMBERS

Mother's Home/cell Phone: _____ Father's Home/cell Phone: _____

Mother's Work Phone: _____ Father's Work Phone: _____

In case of an emergency, please contact the following person(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

Pick-Up: As parent/legal guardian of the above named student, in addition to me, I authorize the following individuals to pick up my child from ED-Spark Summer Camp on this campus **(must show ID even parents)**

#1 Name _____

Relationship to Child _____

Phone # _____

#2 Name _____

Relationship to Child _____

Phone # _____

Medical Information:

Known allergies: _____

Medications Currently Being Taken: _____

Special Medical Conditions Or Needs:

Medical Release: As the natural parents and/or legal custodians of the above named child, I give ED-Spark LLC Summer STEM Camp coordinators authorization to seek emergency care and treatment, according to its best judgment, for the well-being of my/our above named child.

Parent/Custodian Signature: _____ Date _____

Permission To Use Photographs And/Or Other Personal Information on social media as a promotional avenue for future camps associated with ED- Spark LLC:

I give ED-Spark LLC coordinators the absolute and irrevocable right to use my child's photograph(s) as recorded on film, video or other medium, and to identify me by name, if deemed appropriate by the business, in all forms, manner and media, including but not limited to, display, illustration, advertising and promotion. For these purposes, I relinquish my personal rights under the Family Educational Rights and Privacy Laws and release ED-Spark LLC. from any liability for the aforesaid use. I understand that said photograph(s) shall be the sole property of ED-Spark LLC. and may be copyrighted in its own name or any other name it may choose.

Yes _____ No _____ Students will not be photographed/videotaped for any class projects or performances without this signed release being marked "yes".

Parent/Custodian Signature _____ Date _____

PAYMENT OPTIONS

Pay with PayPal (add \$5 for service fee charged by Paypal service):

paypal.me/EdSparkLLC or

Make checks payable to: EdSpark LLC

Mail to: Ed Spark LLC PO Box 1968, Crestview, Fl. 32536

_____ Paid in full \$175.0 **OR**

_____ Pay in three payments fully paid by first day of camp

Visit/Like and Share our Facebook page: **Ed_Spark STEM Camps**

Visit our new website: **EdSpark.us**