



2009 Camp Eureka Enrollment Form

Please complete all sections. Incomplete forms cannot be processed and will be returned.

Section A: Session Selection

Please select the session(s) you want your child to enroll in.

Summer Session 1: June 15th – June 19th, 8:00am – 12:00pm

Summer Session 2: June 22nd – June 26th, 8:00am – 12:00pm

Circle a course to enroll in.

Basic NXT Advanced NXT Botball

Basic NXT Advanced NXT VEX

Section B: General Information

Last Name:		First Name:		Middle Initial:
Age:	Grade (as of August 2009):	Gender (circle one):	Male	Female
Mailing Address:				
City:	State:	Zip Code:		
Home Phone Number:				
Mother/Guardian's Name:			Business Phone/Cell:	
Father/Guardian's Name:			Business Phone/Cell:	
Parent(s)/Guardian(s) Email:				

Section C: Medical/Emergency

In Case of Emergency (and parents are not available), please contact		
Name:	Relationship:	Phone:
Family Doctor:	Phone:	
Medical Insurance Plan:	Membership Number:	
Name of the person who will be picking up student:		Phone:

Section D: Shirt Size

Please Circle the size t-shirt that your child wears.			
Child	Small	Medium	Large
Adult	Small	Medium	Large

Section E: Accident, Medical, and Media Release Form

We, _____ (names of parents or guardians), parents of _____ (name of student), who is attending the *Camp Eureka* session, release all officers/directors/staff members and teachers of *Camp Eureka, the Hilo High School Robotics, Electronics, and STEM Program*, Hilo High School, and all other sponsoring agencies and/or organizations and volunteers of any claim for damages, liability, injury, expense, or loss on account of any negligence or other wrong doing that may occur while our child is attending *Camp Eureka*. We also agree to indemnify and hold harmless those persons of the above stated organizations on any claim arising out the *Camp Eureka* activities under this agreement. In case of accident or need for medical attention, we give permission to the *Camp Eureka* staff members to take our child, _____ (name), to a doctor, dentist and/or emergency medical facility. It is understood that the cost for treatment will be borne by the parent or guardian.

We also hereby give permission to the *Camp Eureka*, Hilo High School, to film, tape, or otherwise record our child's name, voice, and/or person. We understand that these recordings of our child may include news releases to include photographs about *Camp Eureka* and other media releases to publicize *Camp Eureka*, and open-circuit (broadcast), closed-circuit, and/or cable television transmission within or outside of the State of Hawai'i in perpetuity. We also understand that there will be no financial or other remuneration for recording our child, either for initial or subsequent transmission or playback. The *Camp Eureka*, Hilo High School, may also use our child's name, likeness, and/or bibliographical identification for publicizing and promoting the use of these recordings.

Further, we have read and understand the refund policy and enrollment policy stated in the *Camp Eureka* materials.

Mother/Guardian's Signature Date

Note: Both parents or legal guardians listed on form must sign.

Father/Guardian's Signature Date

*Payment: tuition must be paid in full and mailed with a completed enrollment form. Make personal check, money order, or cashier's check payable to **Hilo High School Robotic Boosters Inc.***

The following is to be completed by Camp Eureka Staff

Received on _____	Check No. _____	Date _____	Total Enclosed _____
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Hilo High School Robotics
556 Waianuenue Ave.
Hilo, Hawaii 96720
Contact Noa or Suzy at 443-6762

Website: <http://www.hilohighrobotics.com>

E-mail: campeureka@hilohighrobotics.com