



Student Name \_\_\_\_\_ Age \_\_\_\_\_  
 Parent/ Guardian Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_  
 Food Allergies \_\_\_\_\_

Please be sure to leave a number where you can be reached during the session time: \_\_\_\_\_

**I GIVE PERMISSION** for my child, \_\_\_\_\_ (name of child) to attend camp. I will not hold The Space and Science Exploration Camps, Mind Builders, LLC or the trainers/teachers responsible for any accidents that may occur at camp, or to or from camp. I understand that all reasonable precautions for health and safety are taken, and participation in all camp activities is at the camper's own risk. I will be responsible for any medical expense incurred during the care of my child.

**SIGNATURE:** \_\_\_\_\_  
 (Parent or Legal Guardian) \_\_\_\_\_ Date

**I GIVE PERMISSION** for my child, \_\_\_\_\_ (name of child) to be photographed during camp session activities. I give further permission for those photographs to be used by Space and Science Exploration Camps and Mind Builders, LLC to illustrate and promote the camp experience.

**SIGNATURE:** \_\_\_\_\_  
 (Parent or Legal Guardian) \_\_\_\_\_ Date

Cancellation for camp must come 30 days prior to camp date for refund; if cancellation is made due to sickness the camper will be placed in the next available camp.

**Make payments to: Mind Builders, LLC, P.O. Box 945, Carson City, NV  
 89702 ~ [www.mindbuildersllc.com](http://www.mindbuildersllc.com) ~ 775.220.3077 or 775.720.7814**