

**Contract, Release and Hold Harmless Agreement and Consent for Medical Treatment**  
**Morehead Planetarium and Science Center Summer Science Camp**

**Completion of Forms**

In order to finalize your registration, this form must be physically signed and submitted via email ([Morehead\\_camps@unc.edu](mailto:Morehead_camps@unc.edu)) or delivered physically (250 East Franklin Street | Chapel Hill, NC 27514). Forms must be submitted within two weeks of your initial online registration in order to reserve your child's enrollment in the Summer Science Camp.

**Payments**

Your total camp fee includes tuition for each camp, plus the cost of any extended care services you have reserved. A \$50 deposit for each camp is required at the time of registration; deposits are applied to the total camp fee.

Deposits are nonrefundable unless Morehead cancels the camp.

**Cancellations and Refunds**

Camp tuition and extended day care fees must be paid in full by **April 30, 2020**.

- Cancellations made on or before April 15, 2020 will ensure a full refund of camp tuition, minus the \$50 deposit.
- For cancellations made after April 16 but before May 15, 2020, Morehead will refund 50% of fees less deposit.
- **Cancellations made on or after May 16 will not be eligible for a refund.**

If a camper is unable to attend all sessions of camp for any reason, the camper will not receive a refund. If Morehead cancels the camp, you'll receive a refund of the total camp fee (including the deposit).

**Member Discount for Camp Registration**

In order to receive the member discount price for camp registration, the membership must be active as of registration.

### **Lunch**

Lunch care is included when you sign your child up for both morning and afternoon camps, as well as when you register for a full day program. Campers who stay for lunch are required to bring a lunch. The lunch hour, lasting from noon until 1 p.m., is supervised by Morehead staff and is included in camp tuition. Refrigerators, microwaves and other kitchen equipment will not be available.

### **Dismissal**

Morehead reserves the right to dismiss a camper when the camp director deems dismissal necessary for the best interests of the camp. In the case of behavior problems, Morehead will submit one written warning to the parent before dismissing any camper, unless the behavior in question endangers other campers, in which case a camper may be dismissed without a prior written warning to the parent.

### **On-Campus Field Trips**

Morehead summer science camp staff may escort campers from the central program area to nearby sites, including but not limited to the Morehead Observatory, Coker Arboretum, Ackland Art Museum, UNC Hospitals, Caroline Center for Educational Excellence, and/or other locations on the UNC-Chapel Hill campus as part of the regular Morehead Summer Camp activities.

### **T-shirts**

Each camper will receive a maximum of one Morehead camp T-shirt in the size indicated in the camp registration system.

### **Pick-up and drop-off location**

Campers must be dropped off directly in front of the building. Pick-up and drop-off at Morehead Summer Camp is supervised by Morehead staff members who can be identified by name badges. Parents and guardians must enter at the toll gate; you are not required to pay parking fees if you remain in the pick-up/drop-off-line.

### **Extended day care hours**

Morning extended day care begins at 7:30 a.m. Afternoon extended day care lasts from 4:15 - 6 p.m. To take advantage of extended day care, campers must register for the program and pay the \$20 or \$25 per week extended care fee no later than 12 p.m. on the Tuesday preceding your camp.

### **Late pick-up fees**

A \$10 late fee will be charged for each 10-minute increment or part of 10-minute increment past the scheduled pick-up time.

**Release and Hold Harmless**

As part of the consideration for my child’s participation in the Morehead Planetarium and Science Center Summer Camp program, I hereby release, hold harmless, and forever discharge The University of North Carolina at Chapel Hill, its employees and agents from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or my child or to any property belonging to me or my child while my child is participating in the program, except for damages caused by the negligence of the University, its agents and employees.

**Assumption of Risk**

I am fully aware of the risks and hazards associated with this program. I acknowledge that my child’s participation in this activity is elected by me and not required. I voluntarily assume full responsibility for any risk of loss, damage, or personal injury, including death, and for any property damage that may be sustained by me or my child as a result of my child’s participation in this project.

**Authorization for Emergency Medical Treatment**

In the event of illness or injury, I hereby authorize Morehead summer camp staff with current first aid certification to administer first aid to my child, and I hereby authorize Morehead summer camp staff, or other employees or agents of The University of North Carolina at Chapel Hill, to obtain emergency medical treatment for my child at the nearest medical facility as deemed necessary, including administration of an anesthetic or other medication and surgery, and I hereby assume the cost of such treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the University and Morehead to give specific consent to the diagnosis, treatment, or hospital care which in the best judgment of a licensed physician is deemed advisable. I understand that Morehead summer camp staff will make best efforts to notify me immediately should emergency treatment for my child become necessary. I also grant permission for emergency CPR to be administered to my child by a certified person should it become necessary.

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Camper’s Full Name

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Signature of Parent/Guardian

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Printed Name of Parent/Guardian

Camper's Full Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

The objectives of this document are to determine whether this camper:

1. Is physically able to engage in our camps without inflicting harm to their self or others.
2. Has no significant infectious condition that could be transmitted to others.
3. Has any physical, emotional, or mental special needs or considerations that the camp staff should be made aware.
4. **Certify immunization history through an authorized physician.**

Does your camper have any allergies, if so please list the allergies and their associated allergens or reactions:

Are there any dietary restrictions or concerns that our staff should be aware of? If yes, please list and describe them.

Does your camper need an EpiPen or similar product? (yes or no)

Does your camper have any chronic medical conditions, emotional difficulties, or behavioral issues that you are aware of? If yes, please list and describe them.

If your camper will require medicine during camp please include the name of the medication, does, time for dose(s), and any other helpful information.

To coincide with N.C. law for school enrollment, Morehead Planetarium and Science Center require the following immunizations:

* DTP / DTaP / DT					
** dT / TdaP					
* Polio (IPV/OPV)					
*** Hib					
**** Hepatitis B					
* MMR (combined doses)					
***** Chicken Pox					
** Meningococcal					

\*Required by NC State Law

\*\*Required by State law if child is 12 years or older

\*\*\* Required by State law for children born on or after 10/01/88

\*\*\*\* Required by State law for children born on or after 07/01/94

\*\*\*\*\* Required by State law for children born on or after 04/01/01

Date of most recent PPD (Mantoux) \_\_\_\_\_

Test Results \_\_\_\_\_

(If indicated according to AAP recommendations in the Red Book)

**Print -or- Stamp**  
Physician's Name  
Address  
Phone Number

**Recommended immunizations received in addition to those required above:**

Pneumococcal					
HPV					
Hepatitis A					
BCG/IPPD					

My signature indicates I have reviewed this form as well as examined this patient on \_\_\_\_\_(date of exam).

\_\_\_\_\_

*Please Note: A physician's signature is not required if you can produce an official copy of your camper's immunization record.*