

# REGISTRATION FORM

See other side for Medical form.  
Please use a separate form for each camper.  
(You may make copies if necessary)

## Lourdes University Summer Science Camp 2012

Camper's Name

Male  Female

Parent/Guardian

Address

City State Zip

Home Phone

Work Phone

School Grade in Fall '12

Date:

Session:

- A (July 9-13)  B (July 16-20)  
 C (July 23-27)  D (July 30-August 3)

T-shirt Size

- ADULT Small  Youth Medium (10-12)  
 ADULT Medium  Youth Large (14-16)  
 ADULT Large  Other  
 ADULT X-Large

### AUTHORIZATION:

*You have my permission to take photographs  
of my child during Summer Camp activities  
for publicity reasons.*

Signature:

*After you have completed the information on this panel,  
detach and mail or bring to:*

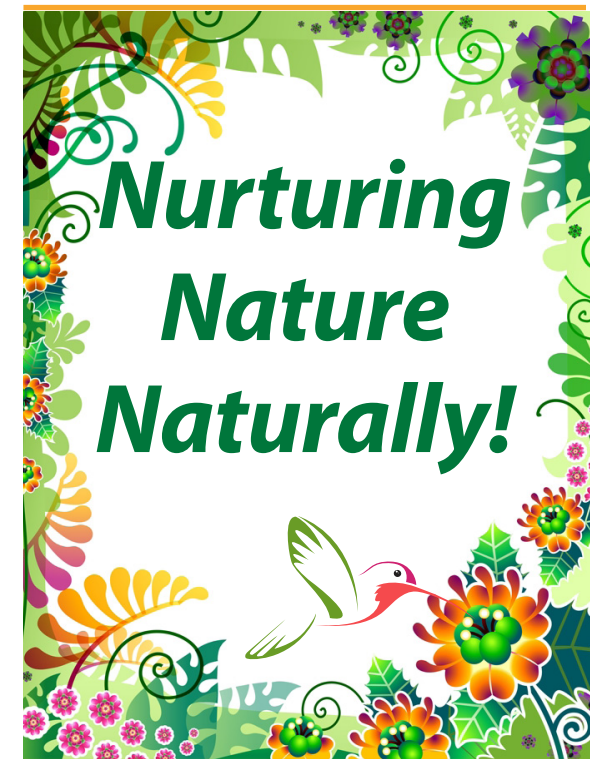
**Lourdes University Life Lab Summer Science Camp**  
c/o Program Director  
Sister Rosine Sobczak, OSF  
6832 Convent Boulevard; Sylvania, Ohio 43560

LOURDES  
UNIVERSITY  
Life Lab  
6832 Convent Blvd.  
Sylvania, OH 43560



**Lourdes University**  
Department of Education

**Life Lab  
Summer  
Science Camp  
2 • 0 • 1 • 2**



**July 9-13 • July 16-20  
July 23-27 • July 30-Aug 3  
Grades 5-10 (Fall 2012)**

**Call 419-824-3691**

# Life Lab Summer Science Camp 2012

## Nurturing Nature Naturally!

Through hands-on inquiry, both indoors and outdoors, students will learn about the environment and how to better care for the world around them. Science Camp will include an Olander Park "get-outside" day for fun and fantastic nature activities.

Classes are held from **12:45 - 3:45 p.m.** each day. Choose one from four identical Sessions.

Session A - July 9 -13

Session B - July 16 - 20

Session C - July 23 - 27

Session D - July 30 - August 3

**Cost: \$100 Per Week**

*Payment must be received prior to the beginning of the camp session.*

*Limited scholarship money available.*



## Dress for field & classroom comfort!

Please dress appropriately for indoor/outdoor camp activities.

**Tennis shoes are required footwear for field work!**



Summer Science Camp is supported in part by...

- American Association of University Women (AAUW)
- Anthony Wayne Garden Club (AWGC)
- Christ Child Society (CCS)
- Science Alliance for Valuing the Environment (SAVE)
- Individual contributions

## Questions?

Please contact Life Lab Program Director, Sister Rosine Sobczak, OSF at 419-824-3691 or email [rsobczak@lourdes.edu](mailto:rsobczak@lourdes.edu).

## MEDICAL RELEASE FORM

Please fill this form out completely. A medical release form for each participant must be on record at the Lourdes Life Lab before he/she may begin camp.

Physician's Name

Phone Number

Preferred Hospital

\*\*\* Please list any allergies or concerns \*\*\*

Alternate Contact Person

Phone

Insurance Information

Insured's Name

Carrier Name

Carrier Address

Certificate/ID #

Group #

I authorize Lourdes staff to request medical treatment if unable to reach parent/guardian.

Parent/Guardian Signature

Date

*We reserve the right to limit participation of any student if we are not able to meet their physical, emotional or cognitive needs.*