

**KiDiMu Camp Registration Form**

*Please fill out this form for each participant. Mail it in or drop it off at the museum.  
Use another form, if you would like to sign up for more camps. Please **PRINT**.*



**KiDiMu**  
Kids Discovery Museum

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Bainbridge Island WA 98110  
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learnmore@kidimu.org

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Child's Name \_\_\_\_\_  
 Date of Birth (M/D/Y) \_\_\_\_\_ KiDiMu Member / \_\_\_ Non-Member (check one)  
 Parent(s) Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Optional Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Doctor's Name \_\_\_\_\_  
 Doctor's Phone \_\_\_\_\_

**Special Health Instructions/Conditions:**

\_\_\_\_\_  
 \_\_\_\_\_

**Refund and Cancellation Policy:**

Cancellation 30 days prior to program—full refund minus processing fee of \$45.  
 Cancellation 2 weeks prior to program—50% refund of all fees paid. Cancellation less than 1 week prior—no refund. In case of cancellation by KiDiMu due to low enrollment full refund or credit will be given 1 week prior to the camp start date.

**Please note:**

All campers have to be bathroom trained and be able to follow directions.  
 Parents/guardians are responsible for providing a snack for each camper.

**RELEASE STATEMENT**

I am a parent/guardian of the above-named child, a minor. I request that said child participate in the KiDiMu camp, and I hereby release KiDiMu and its staff from all liability for accident or injury which might occur in connection with such participation (including planned field trips outside the museum). I further authorize KiDiMu staff and/or certified emergency personnel to act on my behalf with regard to emergency medical treatment for the above-named child. I understand photos/videos of my child may be taken, and I authorize use of such photos/videos for promotional purposes.

**Signature below is REQUIRED.**

X Signature	Date	
Camp(s)	Camp Date/Time	Cost
1.		
2.		
3.		
	<b>Total Cost (lines 1-3)</b>	

**Payment Date** \_\_\_\_\_

**Payment Method**

\_\_\_ Cash \_\_\_ Check (payable to KiDiMu) \_\_\_ Visa/ MasterCard/ Discover (circle one)

CC# \_\_\_\_\_ Expiration Date \_\_\_\_\_