



**ROYAL
AVIATION MUSEUM**
OF WESTERN CANADA

S.T.E.M. CAMP 2025

Summer Time Education at the Museum

CAMPERS INFORMATION

Full Name: _____ Date of Birth: _____ Last Grade: _____

Gender: Female Male Non-binary Prefer not to disclose

Preferred Pronouns: _____

ADDRESS:

City _____ Street _____ Postal Code _____

WHICH CAMP ARE YOU SIGNING UP FOR:

Monday July 7 - Half day (10 am-12:30 pm) - **Save the Space Chip (grades 3-6)**

July 14-18 - WEEKLONG (10 am-4 pm) - **Women in STEAM (Grades 3-6)**

Monday July 28 - Half day (10 am-12:30 pm) - **Hoops, There It Is (grades 1-3)**

August 11-15 - WEEKLONG (10 am-4 pm) - **Junior STEMgineers (Grades 3-6)**

Monday August 18 - Half day (10 am-12:30 pm) - **Save the Space Chip (grades 3-6)**

PARENT/GUARDIAN INFORMATION

Full Name: _____ Email: _____

Home phone: _____ Cell phone: _____

EMERGENCY CONTACT INFORMATION

Same as Above

Full Name: _____ Relationship: _____

Best Contact Number(s): _____

CHECK-OUT PROCEDURE: KID CODE

A Kid Code is a tool we use to ensure campers are released to known and trusted adults. A Kid Code is required for camper check-out. Kid Codes should only be shared with adults authorized to pick up a camper. At check-out, staff will ask for the adult's name and the Kid Code. An adult who can provide the Kid Code will be able to check that camper out. If you forget your Kid Code, you can refer back to this form. Additionally, staff can remind you at check-in. For safety reasons, we cannot provide a Kid Code over the phone, but we can confirm if a code provided is correct.

Kid Code Tips: Choose a one or two-word code or phrase, preferably in English. Do not use a child's name, nickname, or parent's name as a code. Required for camper check-out.

MEDICAL INFORMATION

Please select any health diagnoses that apply to your camper:

Diabetes Deaf Seizures or Epilepsy Hard of hearing or hearing loss
Mobility limitations Asthma Blind Partially sighted

Other (Describe below)

Please select any mental, neurological, social, or emotional diagnoses that apply to your camper:

Dyslexia/Dysgraphia General Anxiety Disorder
AD/HD Bipolar Disorder Clinical Depression
Speech or language delay ASD (Autism Spectrum Disorder)

Other:

Are there certain things that would be helpful to know about your camper?
Including listing any **MEDICATIONS** your camper uses or **FOOD ALLERGIES**

If your camper may be attending camp with a personal aide, please add that information here.

Is there anything else we should note about your child, that would help us ensure that they have the best possible experience at camp?

INFORMED CONSENT AND ACKNOWLEDGEMENT

I hereby give my approval for my child’s participation in any and all activities during the selected camp. I release, absolve and hold harmless the Royal Aviation Museum of Western Canada and all its respective employees and volunteers from any and all liability for injuries to said child arising out of participating in the selected camp sessions.

PHOTO CONSENT

By participating in this camp, I consent to the use of photos and videos taken during activities for educational, promotional, and marketing purposes.

Select this check box if the camper cannot appear in photos

MEDICAL RELEASE AND AUTHORIZATION

In the event of a medical emergency, I authorize camp staff to administer necessary first aid and seek medical treatment for my child if required.

BEHAVIOUR AT CAMP

Each participant is expected to be respectful towards staff and other campers. The Royal Aviation Museum of Western Canada reserves the right to refuse admission or dismiss any participants from camp in order to ensure the safety and enjoyment of all participants.

PROGRAM CHANGES

Camp leaders, activities, or program content may change at Science World’s discretion, without notice.

STATEMENT OF CONSENT & WAIVER

I hereby agree and declare that I am the legal parent/guardian of the above-named child and hereby consent to the child’s participation in the activities that are described to me in registration process.

I/We understand that the Royal Aviation Museum of Western Canada, does not carry any insurance relative to the activities or for any injury that may occur to the above-named child. I/We am personally responsible for any and all medical costs incurred as a result of injury.

CONFIRMATION

BY ACKNOWLEDGING AND SIGNING BELOW, I AM DELIVERING AN ELECTRONIC SIGNATURE THAT WILL HAVE THE SAME EFFECT AS AN ORIGINAL MANUAL PAPER SIGNATURE. THE ELECTRONIC SIGNATURE WILL BE EQUALLY AS BINDING AS AN ORIGINAL MANUAL PAPER SIGNATURE.

SIGN: _____

DATE: