



Junior Med Camp Registration

Members: \$145 General Public: \$180
June 20-24, 2022 8:00 am - 3:30 pm
Eichold Mertz Magnet School (M-Th)
and Tricentennial Park (F)
Ages: 9-11 years old

Five full days of health-care-related STEM activities and experiments!

Camper Information

Name: _____

Grade (Fall 2022): ____ Age: ____ Gender: _____

Name of Parent(s)/Guardian(s): _____

Camper Address: _____

Day Phone: _____ Cell Phone: _____ Email Address: _____

Additional Contact: _____ Phone: _____

Mobile Medical Museum Member? Yes \$145 No \$180 Become a Member for \$40?

Camp T-Shirt(s) ____ x \$10 = \$_____ Size (Please Circle One): Youth-S Youth-M Youth-L

Sibling Discount (\$10 off each additional child registered for Med Camp).

Please list registered siblings _____

Camp Payment

Check Enclosed (Please make check payable to the Mobile Medical Museum)

Card Type _____ Name on Card _____ CVV _____ Zip Code _____

Credit Card # _____ Expiration Date _____

Total amount to be charged to Credit Card: \$ _____

Signature: _____ Date: _____



Junior Med Camp Permissions

Please send Registration and Permissions to:
Daryn Glassbrook, Executive Director
Mobile Medical Museum
(251) 415-1109

Mail: Mobile Medical Museum, 1664 Spring Hill Ave., Mobile, AL 36604
Email: admin@mobilemedicalmuseum.org

Permissions Form

I hereby give permission for _____ to attend Junior MedCamp at Eichhold Mertz Magnet School and Tricentennial Park. I am aware that my child will participate in this day at his/her own risk and I, and my family, release the Mobile Medical Museum, the Mobile County Public School System, the City of Mobile, the Edith Mitchell Health Initiative, S.C.H.O.O.L.S., and all camp directors and staff from any and all claims which might arise as a result of accident, injury, or illness while participating in this camp. I have indicated below any special medication, diet, or allergies of which staff should be made aware. Should the need arise, I authorize camp staff to obtain emergency medical assistance for my child, and I promise to indemnify, defend and hold harmless the Mobile Medical Museum, the Mobile County Public School System, the City of Mobile, the Edith Mitchell Health Initiative, S.C.H.O.O.L.S., and program staff against any loss due to expenses arising from such action.

Allergies: _____

Special Diet: _____

Medications: _____

Do you give Junior MedCamp staff permission to administer the medications listed above? _____

Parent/Guardian Signature: _____ **Date:** _____

Photo Release Form

I, _____, agree to give the Mobile Medical Museum, the Mobile County Public School System, the City of Mobile, the Edith Mitchell Health Initiative, and S.C.H.O.O.L.S. permission to use pictures and/or video taken of _____. These pictures can be used without limitations or restrictions as long as they are used for the purpose of promoting Junior MedCamp or the Mobile Medical Museum.

Parent/Guardian Signature: _____ **Date:** _____