



STAFF USE ONLY
CAMP #
TEAM

Bring these forms to registration. Do NOT fax or e-mail them.
They will not be accepted.

2019 Camper Contact Information

Camper's full name _____

Local address (Hotel name/address or address during camp session)

Local phone _____

Emergency contacts:

Name (s) _____

Phone(s) _____

Authorized pick up (please include yourself):

Name (s) _____

Phone(s) _____

Name (s) _____

Phone(s) _____

Special needs (i.e., challenges/restrictions) if any:

Parent/Guardian signature

Date

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Camp KSC 2019 Medical Authorization

Bring these forms to registration. Do NOT fax or e-mail them. They will not be accepted.

I/We, _____, the parent(s) or guardian(s) of _____ (the "Child") hereby authorize and consent to any and all medical care and hospital treatment deemed necessary for the health and well-being of the Child in case of an accident or medical emergency and in the absence of myself or the other parent or guardian (if applicable) under the direction of an adult representative of Camp KSC at Kennedy Space Center Visitor Complex Operated by DNC Parks & Resorts at KSC, Inc. I also assume the responsibility for the payment of any such treatment. I/we hereby acknowledge and agree this Medical Authorization is subject to the Camp KSC Release, Waiver and Indemnification Agreement which was executed and submitted by me/us as part of the Camp KSC Confirmation Packet. I/we agree to indemnify Camp KSC at Kennedy Space Center Visitor Complex Operated by DNC Parks & Resorts at KSC, inc. for or in connection with the medical care and/or hospital treatment rendered by a Medical Provider pursuant to this Medical Release and expenses relating to the treatment of the Child by a Medical Provider, including without limitation, medical bills, transportation of the Child to any Medical Provider or home in the event the Child is no longer able to participate in the Camp KSC at Kennedy Space Center Visitor Complex Operated by DNC Parks & Resorts at KSC, Inc..

Printed Adult Name: _____ **Signed Adult Name:** _____

Relationship to Child: _____

*** Cell Phone Number:** _____ *** Preferred method of contact**

Alternate Phone Number: _____

Camper's Date of Birth: _____ **Age of child at time of Camp:** _____

Medical Release Information

Are all of your camper's immunizations up to date: YES / NO

When was the date of your camper's last tetanus shot: _____

List any medications your child may be on during camp:

List any allergies or special needs your child has (food, medication or environmental):

Dietary Needs

My camper will require the vegetarian meal during the entire week of Camp: YES / NO

The vegetarian options may consist of veggie burgers/wraps, peanut butter and jelly sandwiches, etc. Vegetarian option is at the discretion of the Catering staff. Campers may bring their own lunch and snacks.



2019 Medication Administration Authorization

This form is only necessary if camper will be taking medications during camp operating hours

Bring these forms to registration. Do NOT fax or e-mail them. They will not be accepted.

I/We hereby give our permission for Camp KSC at Kennedy Space Center Visitor Complex operated by DNC Parks & Resorts at KSC, Inc. to administer the following medication to my child during the Camp KSC session identified below:

Child's Name: _____, who will be attending camp during (Dates) _____ to _____ 2019.

Name of Medication: _____

Purpose or Reason for medication: _____

Frequency given: _____

Dose given: _____

Note: If camper needs medication during the day they must carry it with them. Camp KSC will only accept the daily dosage of any required medication in the original packaging clearly marked with the medication name and the camper's name and camper number.

I hereby acknowledge and agree this Medication Administration Authorization is subject to the Camp KSC Release, Waiver and Indemnification Agreement which was executed and submitted by me/us as part of the Camp KSC Confirmation Packet.

Printed Adult Name: _____

Signed: _____

Relationship to Child: _____



Motion-based Simulator Consent Form

Bring these forms to registration. Do NOT fax or e-mail them. They will not be accepted.

Kennedy Space Center Visitor Complex is proud to include several motion-based space simulators as part of the Camp KSC® experience. These simulators at the Kennedy Space Center Visitor Complex, are an exciting way for campers to learn about the science of spaceflight and experience components of astronaut training, past and present. While these simulators are extremely fun and rewarding there are some medical conditions our instructors need to be aware of to keep your camper safe during their time at Camp KSC.

Please let us know if any of the following apply to your camper. Please explain any identified issues in the space provided.

- Inner ear disorders
- Vertigo
- Motion sickness
- Heart problems
- High blood pressure
- Head colds (within the last week) or sinus infections
- Fear of heights
- Recent broken bones (during the preceding school year)
- Recent surgery
- Back injuries
- Knee or leg injuries
- Other (not listed above)

All simulators are “challenge by choice.” Campers will not be forced to participate if they are uncomfortable.

The following is a brief description of our motion based simulators:

Micro Gravity Simulator (minimum height 48 inches, maximum weight 275 lbs) Train for your first Extravehicular Activity spacewalk in a microgravity chair, moving in a frictionless environment.

Walk on Mars uses Virtual Reality headsets to explore four different Martian terrains on foot, accomplishing specific tasks in each scenario. *(If you experience seizures, loss of awareness, eyestrain, altered vision or other visual abnormalities, dizziness, disorientation or any symptom related to motion sickness you should not participate. Campers who have existing binocular vision abnormalities should not participate.)*

Mars Lander/Rover Simulator (minimum height 51 inches) Navigate the Martian surface in this full motion simulation which places you in the Commander and Pilot seats where you hone your landing skills and drive over the rough Mars terrain.

Shuttle Launch Experience® (SLE) at the Kennedy Space Center Visitor Complex (minimum height 44 inches) The Shuttle Launch Experience is a realistic simulation of an actual shuttle launch, which includes: extreme shaking, motion/vibrations, loud noise, visual and lighting effects.

Mars Transfer Vehicle (camper must be able to sit in one of the seats) Low-impact motion simulator with motion/vibrations, visual and lighting effects.

I/We _____ (parent/guardian) grant permission for our child to participate in the simulator training element of Camp KSC. I also certify to the best of my knowledge our child is in good physical health and condition to participate in the simulator training, if our child so chooses.

Camper's Name: _____ Signed by Parent or Guardian: _____



2019 Consent to Photograph/Media Release

Bring these forms to registration. Do NOT fax or e-mail them. They will not be accepted.

In consideration of Camp KSC at Kennedy Space Center Visitor Complex operated by DNC Parks & Resorts at KSC, Inc. permitting my child/children's participation in CAMP KSC activity and/or program, I/We hereby grant Camp KSC at Kennedy Space Center Visitor Complex operated by DNC Parks & Resorts at KSC, Inc. and its parent and affiliated companies (the "Company") the right to take, copy, use, publish, alter and distribute photographs, movies, films, videotapes, audio tapes, and any other recording of the child named below. I/We further irrevocably consent to the worldwide use of the child's name, voice, likeness, photographs and pictures (the "Likeness") without payment or any other consideration, in any media or embodiment, now known or hereafter to become known, including, but not limited to, all formats of computer readable electronic magnetic, digital, laser or optical-based media, Internet or World Wide Web. I/We understand that such use may include publicity, advertising, promotion or any other lawful purpose, without restrictions or remunerations. I/We hereby waive my/our right to inspect or approve any work containing the Likeness of the child.

I/We hereby waive all rights and release the Company from, and shall neither sue nor bring any proceeding against any parties for, any claim or cause of action, whether now known or unknown, for defamation, invasion of right to privacy, publicity or personality or any similar matter, or based upon or relating to the use and exploitation of the Likeness of the child. This consent and release shall be binding upon the undersigned and his/her heirs, legal representatives, successors, and assigns.

Printed Parent/Guardian Name: _____

Printed Child's Name: _____

Signature of Parent or Guardian: _____

Relationship to Child: _____

Date: _____



Staff Use Only

Wristband # _____

Camp KSC Photo Form

The photos will be taken during the camp starting on Monday and will be available for pickup on the final day. If you plan on purchasing the photos, please bring your payment on day of registration. If your camper is absent on any day of photos, staff cannot guarantee your package will be complete.

Sunday registration hours are 10:30 a.m. to 3:00 p.m. / Monday registration hours are 7:00 a.m. to 8:00 a.m.

Registration is held at the ATX Center at the Kennedy Space Center Visitor Complex.

Write in your camper's name and circle the group/age level they are registered for. Bring this form to registration. We will issue the camper number during registration.

1st Camper's Name _____ Issued Camper # _____

Pathfinder 7-8 year old / Spirit 9-10 year old / Opportunity 11-12 year old / Curiosity 13-14 year old / Insight 15-16 year old

2nd Camper's Name _____ Issued Camper # _____

Pathfinder 7-8 year old / Spirit 9-10 year old / Opportunity 11-12 year old / Curiosity 13-14 year old / Insight 15-16 year old

Parent phone number (_____) _____

Parent email address _____

This information will only be used if a photo package has not been picked up.

If photos are not picked up on final day of camp they will be held for one week (7 days) from last day of camp. They will not be available after that period and there will be no refunds on the product.

Choose the package and quantity that you would like to order:*

- Package A – five (5) 6x8 prints, folio, and digital codes \$50.00 (+tax) qty: _____ Cashier code 5491
- Package B – Sibling Discount Package – (same as above) \$40.00 (+tax) qty: _____ Cashier code 5492

**If you are only buying one Package, you will be charged for Package A.*

All photos are taken during camp activities and will be tailored to student's activity schedule

By signing below, you acknowledge the information as stated on this form agree to pick up policy as stated above.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____