10th Annual

ENGINEERING

Kids day camp - 2018

Sign up TODAY!

This camp is an exciting, engaging experience for your young innovator. Fun, imaginative sessions including LEGO® robotics, a GIANT Screen 3D film, the opportunity to create and learn side by side engineers from Iowa State University and the Quad City Engineering & Science Council await your camper! Don’t miss out on one of the area’s most popular summer programs!

$40 Camp Fee includes lunch and shirt
Daily, 9 a.m. - 3 p.m.

Need assistance? Camp scholarships available

*NOTE: The grades listed for camps are the grades the students will be entering in the fall. Engineering Camps end at 3 PM - No before or after care available this week.

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This program is a partnership made possible by the Putnam Museum & Science Center, Quad City Engineering and Science Council, and Iowa State University College of Engineering.

1717 W. 12TH STREET | DAVENPORT, IA 52804 | (563) 324-1933 | PUTNAM.ORG
PUTNAM ENGINEERING KIDS CAMP 2017 REGISTRATION FORM

Adult Information
Name ______________________________________________________________________________________________________
Address ___________________________________________________ City, State, Zip ___________________________________
First Phone _____________________________________________ Second Phone ______________________________________
Email ______________________________________________________________________________________________________
Additional Contact Name/Number ______________________________________________________________________________

Campers will be pre-assigned a group & we cannot guarantee that siblings or friends will be in the same group.

Registration Instructions
Payment of course fee secures a place for your child. Pay by check or provide credit card information.

Camp Selection:  _____________________________________________ Fee
Participant Name: _____________________________________________ Grade Entering ____________ Gender M / F
T-Shirt Size:   _______________  Circle:    Adult     Youth
Camp Selection:  _____________________________________________ Fee
Participant Name: _____________________________________________ Grade Entering ____________ Gender M / F
T-Shirt Size:   _______________  Circle:    Adult     Youth
Camp Selection:  _____________________________________________ Fee
Participant Name: _____________________________________________ Grade Entering ____________ Gender M / F
T-Shirt Size:   _______________  Circle:    Adult     Youth

CC # / Type  _____________________________________________ Exp. _______ / _______ Chk # ____________

Cancellation/Refund Policy:
You must notify us of your cancellation at least two weeks before the first day of the program to receive a 50% refund. No refunds will be given less than 2 weeks before the program begins.

PUTNAM MUSEUM LIABILITY WAIVER AND PHOTO RELEASE

I, (print) _______________________________________________________________________, the parent/legal guardian of (print) _____________
_____________________________________________________, give my express permission for him/her to participate in any of the activities
of the program in which he/she is enrolled. I release the Putnam Museum, its directors, instructors, employees, and volunteers from any
and all liability which may arise from participation or observation of said program and activities. This is a general release of all possible
claims of every kind against the Putnam Museum, and this release shall be interpreted liberally to effectuate maximum protection for the
Putnam Museum. In the event there arises an emergency necessitating medical attention, I understand that every possible attempt will
be made to reach me immediately. However, if I cannot be reached, I hereby consent and give my permission to the Putnam Museum
staff, instructors or any attending physician to make such decisions and perform such medical treatment upon said minor which may be
necessary and proper under the circumstances. In addition, I give my permission for any staff member to seek and/or request transport
for this medical attention for my child if I cannot be reached. It is the intention of this release that the above named individuals incur no
liability whatsoever while attending the responsible and necessary treatments that may be needed by said minor.

Signature of Parent and/or Guardian ______________________________________________  Date ________________________

Special Instructions(dietary, special needs, medical): _____________________________________________________________
____________________________________________________________________________________________________________

☐ I give permission for my child’s likeness and/or work to be photographed during the program for use in
publications, media advertising for the Putnam Museum and Iowa State University.