





BUILD PROTOTYPES



INSPIRED BY REAL INVENTORS!



DESIGN YOUR OWN REMOTE CONTROL BOT

SECURE YOUR SPOT TODAY!

Your local Camp Invention site information:

Who: For children entering grades K-6 Location: Nazareth Area Middle School 94 Freidensthal Avenue, Nazareth, PA 18064

Date & Time: June 17 - 20, 2019 from 8:00am - 3:15pm Price: \$150 for students of the Nazareth Area School District

Co-Director: Stacey Spering | sspering@nazarethasd.org | (484) 292-1111 ext. 3318 Co-Director: Katie Trach | ktrach@nazarethasd.org | (484) 292-1111 ext. 3302

Thanks to the generous support of the Blue Eagle Education Foundation and Visions of Eagles, scholarships are available for students of Nazareth Area School District.

To register, please return completed registration form and payment to: Katie Trach or Stacey Spering at Nazareth Area Intermediate School, 355 Tatamy Road, Nazareth, PA 18064







Base Registration Price: Scholarship Award: Total Payment Due:

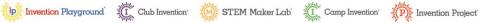
Registration Form (*all applicable fields are required) CHILD: First & Last Name	Rirth Date Male	□ Female □ Ethnicity	
Epi-Pen Required Yes No School Child Attends	birtii bate Wale	Grade Next Fall	
Allergies, prescribed medications, special needs and/or accommod	ations	Grade Next I all	
*For any child needs that are not self-managed and warrant specia		300.968.4332 a minimum of 4 weeks	
prior to the start date of the program to inquire about accommoda	tion allowances.		
PHYSICIAN'S MEDICAL AUTHORIZATION [N/A ☐]: All medication n	nust be delivered in the original co	ontainer in which it was dispensed and	
administered by a pre-authorized individual designated by the pare	ent/guardian. You have arranged (and hereby authorize the administration	
of prescribed medication, times and dosage for your child as follow Physician Phone Phone I	s:		
Physician Phone Phone	Physician Signature	Date	
PARENT/GUARDIAN: First & Last Name(s)	How did you hear al	How did you hear about the program? Zip Zip	
Address	City	State Zip	
Phone(s) Email			
ALTERNATE TRANSPORTATION [N/A □]: Name/Relationship	Phone		
PHOTOGRAPHY RELEASE: Yes \square No \square Parent/Guardian Signature $_$		Date	
Full Terms & Conditions can be located here: www.invent.org/terms-and-conditions			
PAYMENT INFORMATION [N/A already paid ☐]:			
Program Price \$ Donation to send an underserved child to	camp \$ Total Payment En	closed \$ Check #	
OR Visa Discover Master Card Credit Card #	Exp. Date Nan	ne on Card	
TERMS & CONDITIONS:			
Acceptable Behavior Policy: To ensure a safe and fun environment for all,	is availability, you may switch p	programs up to one week prior to the	
children are expected to behave in an acceptable manner and use appropriate language at all times. It is important to remember that there	beginning of the originally regis nonrefundable.	stered program. Club registrations are	
are no refunds if a child is asked to leave the program due to unacceptable		ization: You hereby authorize the diagnosis	
behavior.		nd licensed medical professional, of your	
Accommodations: The National Inventors Hall of Fame programming presents children with fun, hands-on challenges that encourage creative		ncy occur, which the attending medical nmediate attention to prevent further	
problem solving, teamwork, entrepreneurship, and innovation. Please keep	endangerment of the minor's lij	fe, physical disfigurement or impairment, or	
in mind locations hosting summer/after-hours programs do not have the		fort if delayed. Permission is granted to the with an examination, diagnosis and medica	
same personnel/tools available as during the school year. *Nurses, special education assistance, aides, etc., are not on site unless a parent arranges of	3, , ,	ment. In the event of a medical emergency,	
approved accommodation beforehand based on their individual child need	s. you understand that every atte	mpt will be made by the attending physiciar	
If your child's needs are not self-managed, please contact us at 800-968-4332 a minimum of 4 weeks prior to the start date of your child's program		ditious way possible. The authorization is effort has been made to reach you.	
to discuss accommodations. If 1:1 assistance is requested, we will provide		e National Inventors Hall of Fame, Inc. and	
you with a form to submit any necessary information. All reasonable	its affiliates to provide emerger	ncy treatment prior to the child's admission	
accommodation requests will be reviewed to ensure safety and program integrity.		ase is authorized for the duration of the is authorized and executed of your own free	
Photography Release: By selecting Yes, you authorize Club Invention/Cam	5	ithorizing medical treatment under	
Invention/Invention Project/Invention Playground, corporate and	emergency circumstances, for t	he protection of life and limb of the named	
government sponsors and affiliates, to obtain, store, publish and/or use (without payment) any photographs, slides, sound and/or video recordings	minor child, in your absence. Liability Waiver: On your own h	pehalf, and a parent or guardian, you	
made of your child for public relations, marketing/advertising and/or	acknowledge and agree that th	ere is the possibility of physical injury or los	
internal training purposes.		ticipation in the program and hereby	
Refund Policy: For Camp and Invention Project, \$50 of each registration fe is nonrefundable, and the remaining balance is refundable up to 11:59 pm		Inventors Hall of Fame, Inc., its affiliated associated personnel including the owners o	
ET on the Sunday three weeks prior to the start date of the program.	the program facility against any	y and all claims, liabilities and/or damages	
Cancellations made after this time are nonrefundable, as materials and educator costs are allocated and final. Please keep in mind as long as there	as a result of your child's partic	ipation in the program.	
caucator costs are anocated and jinds. Heast keep in mind as long as there	-		
CONFIDMATION: Vous cignature below whether written or electronically	u tuned is accounted as a hinding	amont that by registering your shild you	
CONFIRMATION: Your signature below, whether written or electronically have read and gareed to the Terms & Conditions of the program and is rea		ement that by registering your chila you	

(If only 1 signature) You are the sole legal Parent/Guardian \Box

Parent/Guardian Signature 1 ____

Parent/Guardian Signature 2 _









Date

Date _