



# Family Summer Camp

## CSI: Investigating Hoover

### July 11 or 18 or 25 or August 1, 2012

#### Registration From

**Registration Deadline: Friday before the day you plan to attend**  
(Please Print)

Today's Date:

#### STUDENT INFORMATION

Name:	Age:		
Street Address:	P.O. Box:		
City:	State:	ZIP Code:	
Preferred Phone No.:	Email Address:		

Name:	Age:		
Street Address:	P.O. Box:		
City:	State:	ZIP Code:	
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#### PARENT/GRANDPARENT/GUARDIAN INFORMATION

Names of Adult Participants:			
Street Address:	P.O. Box:		
City:	State:	ZIP Code:	
Preferred Phone No.:	Email Address:		

#### EMERGENCY AND PICK-UP AUTHORIZATION INFORMATION

If not attending with your child please identify emergency contacts and those authorized to pick up child/children.

Name:	Phone Number (Day):	Relationship to Child:
Name:	Phone Number (Day):	Relationship to Child:

#### SCHEDULE

Participant(s) registering for the following sessions: (please check one date)

JULY 11	<input type="checkbox"/>	JULY 25	<input type="checkbox"/>
JULY 18	<input type="checkbox"/>	AUGUST 1	<input type="checkbox"/>

#### COST OF PROGRAM

- Cost of program: \$20.00 for up to 3 participants; \$10.00 for each additional participant
- Fees must be paid in advance.
- Make checks payable to Hoover Association or call with credit card information: 319-643-5327
- Mail registration fees to: Hoover Presidential Library Association, P.O. Box 696, West Branch, IA 52358

#### SPECIAL RESTRICTIONS

Participants require special accommodations or lunches/snacks      YES  NO

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I/We (parent/grandparent/guardian of participant(s)) assume all risks associated with those participating in this event, including, but not limited to falls, contact with other participants, the effect of weather, including extreme heat, humidity, and wind. I am also fully aware that I am solely responsible for safety while traveling to and from the event.

Signature of Adult (18+years old): \_\_\_\_\_