



W End Washington St.
 Laredo, Texas 78040
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 F: (956) 725-7776
 ISTX.org

| Office Use Only | |
|-----------------|-------|
| Staff: | _____ |
| Date: | _____ |
| Cash: | _____ |
| Check #: | _____ |
| Credit Card: | _____ |

SUMMER CAMP REGISTRATION 2026

| Camp Hours: 8:00 am - 3:00 pm | Ages 5-13

Name of Camps:

- **2-Week Camp**
- **Robotics Camp**
 - Monday - Friday
June 15 - 26, 2026
(8:00am - 3:00pm)
 - Members: \$300.00
Non-Members: \$320.00
- **Art Camp**
 - Monday - Friday
July 13 - 17, 2026
(8:00am - 3:00pm)
 - Members: \$150.00
Non-Members: \$170.00

- **Science Camp**
 - Monday - Friday
July 6 - 10, 2026
(8:00am - 3:00pm)
 - Members: \$150.00
Non-Members: \$170.00

- **Art Camp II**
 - Monday - Friday
July 20 - 24, 2026
(8:00am - 3:00pm)
 - Members: \$150.00
Non-Members: \$170.00

***Extended day is available until 5:00PM, if needed for an additional cost of \$25.00.**

Camp Fees:

Full Payment: \$150 Member \$170 Non-Member
 \$300 Member \$320 Non-Member

Deposit: \$75 Member \$85 Non-Member
 \$150 Member \$160 Non-Member

Amount paid: _____
 Deposit Amount paid: _____
 Total amount: _____
 Pending amount:

***A \$10.00 late fee will be assessed if your child is not picked up within 15 minutes of end time.**

CHILD'S INFORMATION

Full Name: _____ Age: _____ Date of Birth: _____

PARENT/GUARDIAN'S INFORMATION:

Full Name: _____

Address: _____ Zip Code: _____

Home phone: _____ Mobile Phone: _____ Work Phone: _____

Other adult authorized to pick up child: _____ Relationship to Child: _____

*** We will not release a child to an unauthorized adult.**

Parent/Guardian Initials

MEDICAL INFORMATION:

Please provide all necessary medical information to ensure the best possible care. (All information is kept confidential)

Parent/Guardian Initials

| Yes | No | Condition | Explain |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma | |
| <input type="checkbox"/> | <input type="checkbox"/> | Ear/eyes/nose/sinus problems | |
| <input type="checkbox"/> | <input type="checkbox"/> | Psychiatric/psychological or emotional difficulties | |
| <input type="checkbox"/> | <input type="checkbox"/> | Behavioral/neurological disorders/Autism | |
| <input type="checkbox"/> | <input type="checkbox"/> | Seizures | |
| <input type="checkbox"/> | <input type="checkbox"/> | Abdominal/stomach/digestive problems | |
| <input type="checkbox"/> | <input type="checkbox"/> | List any other medical conditions not covered above | |
| <input type="checkbox"/> | <input type="checkbox"/> | Tested positive for COVID-19 (or has been exposed) | |

| Yes | No | Allergies or Reactions | Explain |
|--------------------------|--------------------------|------------------------|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Medications | |
| <input type="checkbox"/> | <input type="checkbox"/> | Food | |

| Yes | No | Allergies or Reactions | Explain |
|--------------------------|--------------------------|------------------------|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Plants | |
| <input type="checkbox"/> | <input type="checkbox"/> | Insect bites/stings | |

| Medication | Dose | Frequency | Reason |
|------------|------|-----------|--------|
| | | | |
| | | | |

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

My name is _____ this authorization applies to my child under eighteen years of during this event. I have authority to consent to medical treatment of the child under my care because I am the parent and/or legal guardian of this child. If I cannot be reached to make arrangements for emergency medical attention, I authorize the manager on duty to notify emergency healthcare providers and/or agents for the purpose of providing emergency care and medical treatment. I give consent for all necessary emergency medical care and treatment when my child is under the care of a physician on duty at the hospital or healthcare facility where the emergency medical care and treatment are being administered.

Parent/Guardian Initials _____

AGGRESSIVE OR OFFENSIVE BEHAVIOR

Any aggressive, offensive, or unacceptable behavior on the part of a child will be reported to his/her parent/guardian and may result in the child’s removal from the Museum premises. Please understand all children are required to be respectful to all staff, children, and guests.

Parent/Guardian Initials _____

PHOTOGRAPHY CONSENT

I, _____ hereby give my irrevocable consent and authorize the use and reproduction by the Imaginarium of South Texas, or its authorized representatives, of any and all photographs/video that you have taken of me and/or child or children under eighteen years of age under my care during this camp. The photographs may be used for any purpose whatsoever relating to any Imaginarium of South Texas publication or promotion without further compensation to me or my heirs. The photographs, negatives, and images shall constitute sole property of the Imaginarium of South Texas.

Parent/Guardian Initials _____

RELEASE OF LIABILITY, AND INDEMNITY AGREEMENT

I understand that all reasonable precautions will be taken to provide a safe environment for the children participating in the summer camp at the Imaginarium of South Texas, and I attest that I am a parent or guardian of the minor child under my care with authority to sign this release, and in consideration thereof, for myself and for the minor child under my care, and on behalf of the minor child’s heirs, executors, legal representatives, administrators, successors, and assigns, I hereby release, acquit and forever discharge the Imaginarium of South Texas, Inc. and its Board Members, Officers, Employees, Agents, Legal Representatives and volunteers (collectively referred to as “Released parties”) from any and all claims, demands, debts, liabilities, liens, medical expenses, including claims for loss off consortium, damage to family relations, loss of companionship, society, and affection, physical impalement, disfigurement, loss wages, lost earning capacity, pain and suffering, mental anguish, attorneys fees, or any causes of action, of whatever nature, whether heretofore known, or not know, past, present or future, contingent or fixed, liquidated or unliquidated, father in or arising out of the law of contracts, torts or property rights, for or because or anything done or omitted by the released parties including but not limited to, nay claims based on released parties’ sole negligence, partial negligence, gross negligence, strict liability, statutory liability, breach of contract, or breach of warranty.

I further agree to defend, indemnify and hold harmless released parties from all claims, demands, or causes of action of whatever nature alleged of which should have been alleged against released parties, including all costs, expenses, and legal fees incurred, or arising out of any claims brought against released parties by reason of actions and/or omissions taken by released parties which involve the minor child under my care of this form while the child is attending the camp program at the Imaginarium of South Texas.

Though the staff of the Imaginarium of South Texas makes every effort to ensure a safe play environment for every child, we are not liable for any injury that occurs in our facility.

Signature of Parent/Guardian

Date

Name (PRINT)

Employee Initials

| |
|---|
| STAFF CHANGES Staff Initials: _____ Date: _____ |
|---|

PLEASE NOTE: A \$10.00 late fee will be assessed if your child is not picked up within 15 minutes of end time.