



**International Museum of Surgical Science**

A Division of the International College of Surgeons

## Application

Spring Break Camp

Living and Working in Space

April 10<sup>th</sup>-14<sup>th</sup>, 2017 from 8:30am-3:00pm

\*Limited to current 5<sup>th</sup> and 6<sup>th</sup> grade students only\*

\$30 fee to participate (credit card information must be provided below)

Day 1: An Introduction to the Museum/ An Introduction to NASA

Day 2: The Human Body

Day 3: Astronaut Training

Day 4: Life in Space

Day 5: Robots in Space/ Robots in Medicine

Name of student: \_\_\_\_\_

School currently attending: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Why would the student benefit from this camp? (Please have student answer question)

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Parent/Guardian:

I hereby give my consent to allow \_\_\_\_\_ (student name) to participate in the International Museum of Surgical Science's Spring Break Camp 2017. I agree to let the International Museum of Surgical Science use my student's image or likeness in all advertisements. I will also indemnify and hold harmless the International Museum of Surgical Science and its parent body (The International College of Surgeons) against any and all claims for personal injury, property damages, or which may hereafter occur to my student as a result of participation in this event. I hereby give my consent to have my student treated by emergency medical personnel, a physician, or surgeon, in the case of a sudden injury or illness while participating in the International Museum of Surgical Science Spring Break Camp. It is understood that this medical treatment will be at the expense of the student's parent or guardian.

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Parent/Guardian Signature

Print name

Date

Does your student have any allergies or specific care instructions?

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Credit card information (your credit card will only be charged the \$30 fee once your student is accepted into the program):

Name of cardholder: \_\_\_\_\_

Card type: \_\_\_\_\_

Card Number \_\_\_\_\_

Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Please submit the completed application materials to [justina@imss.org](mailto:justina@imss.org) by no later than **Saturday, April 1<sup>st</sup>, 2017**. You will be notified of your student's acceptance by no later than **Tuesday, April 4<sup>th</sup>, 2017**.