

Science Camp



Science Camp

Session 1: June 5-9 10am - 12pm
Session 2: July 24-28 10am - 12pm





Lake Jackson
PARKS & RECREATION

Science Camp Info Sheet

Date/ Time	Camp Curriculum
Monday 10:00am – 12:00pm	Discover Electricity - Discover how electricity works through hands-on experiments. Students will learn about static electricity, energy in motion, how our bodies use electrical currents and solar energy.
Tuesday 10:00am – 12:00pm	Rocket Science – Learn about the physics of rockets using Newton’s Law of Motion. Students will learn about aerospace engineering through design challenges and team building. They will design, build, and launch their own rockets.
Wednesday 10:00am – 12:00pm	Polymer Chemistry – Learn how polymers are found in the products we use daily. Students will learn the chemistry used to make polymers. They will explore the fun properties of polymers, ranging from slime experiments, oobleck, and edible polymers.
Thursday 10:00am – 12:00pm	Winter Wonderland Science – We will beat the heat while learning the chemistry of ice cream by making our own ice cream and snow. We will learn the engineering skills by building a snowball launcher and an igloo.
Friday 10:00am – 12:00pm	Exploring STEM Careers – Calling all future medical professionals! We will explore how medical professionals help us everyday and explore the human body. Aspiring students will perform hands-on activities and experiments.

Registration: May 1 – 2 weeks before each class, or until full

Fee: \$100 for the entire week, no drop in days available.

Age: 10-14 years old

Location: Rec Center- Party Room

Minimum/Maximum: We require a minimum of 5 participants to hold each camp

Refund Policy: Please note cancel/change requests are usually subject to a \$12 administrative fee. As the class fee is less expensive than the admin fee, no refunds will be approved for any reason other than medical emergency or class cancellation by LJPARD. Classes that don’t meet the minimum participation requirement will be canceled. Any registrants for canceled classes will be notified by email and a refund request will be submitted for processing.



Science Camp Registration

Participant Name: _____ Date of Birth: _____ Gender: _____

Parent/Guardian: _____ Date of Birth: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

Please check the boxes for all the sessions you wish to register for.

Sessions	Dates/Time	Ages	Check
Session 1	June 5 - 9 10:00am-12:00pm	10-14 Years	<input type="checkbox"/>
Session 2	July 24 - 28 10:00am-12:00pm	10-14 Years	<input type="checkbox"/>
		Total	\$

Activity Waiver

I understand and agree to indemnify, save and hold harmless the City of Lake Jackson, its agents and employees, from and against all claims, damages, losses and expenses (including attorney's fees, medical, and ambulance cost) that may arise out of mine or my child's use of or presence on city property or arising out of his or her participation in any activities or functions that may occur during the program, including contact with persons, animals or creations of nature of any and every kind that exist on property that may or may not be under the control of the City of Lake Jackson. In case of an emergency and I cannot be contacted, then I hereby authorize medical treatment.

Photographs

I understand that City of Lake Jackson employees often take photographs of various community and/or athletic events throughout the community. I hereby grant the City of Lake Jackson permission to use my likeness or, if I am the parent or legal guardian of a minor child who is younger than 18 years of age, I give permission to use the minor's likeness in a photograph or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration. I further give permission to the City of Lake Jackson to share this image with third parties for use in any and all of its publications, including website entries, without payment or other consideration.

By signing below, you are affirming you have read, understand, and agree to comply with the terms and conditions of this agreement.

OFFICE USE ONLY :

Payment: _____ Cash: _____ Check: # _____ Credit: _____

Emp Initials: _____ Date: _____