# **Registration Form**

|  |  |  |
| --- | --- | --- |
| Personal Information |  | |
| Name of First Parent or Legal Guardian: |  | |
| Name of Second Parent or Legal Guardian: |  | |
| Email Address: |  | |
| Child’s Full Name: |  | |
| Child’s date of birth (MM/DD/YYYY): |  | |
| Child’s grade (for the 2018-2019 school year): |  | |
| Daytime phone number: |  | |
| Alternate phone number: |  | |
| Child’s T-shirt size: | * Youth Small * Youth Medium * Youth Large | * Adult Small * Adult Medium * Adult Large * Adult Extra Large |

**Please fill out the following Health and Safety and Demographic information if you feel comfortable doing so.** This information has no bearing on an individual's eligibility to participate in the Science in the Summer program. The Health and Safety Information is so that our staff can best attend to your child’s needs while he or she is in the program. The Demographic Information is for evaluation and reporting purposes only.

|  |  |
| --- | --- |
| Health and Safety Information |  |
| Does your child have any allergies? (If so, please answer the next 3 questions also). | * Yes * No |
| 1. Please list allergies and associated reactions: |  |
| 1. Do any of your child’s allergies cause an anaphylactic (i.e. life-threatening) reaction? If so, which? | * Yes, the following allergies are life-threatening to my child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No |
| 1. Is an Epi-Pen needed? (If yes, you will need to provide the Epi-Pen for your child): | * Yes * No |
| Does your child have any physical and/or learning disabilities? | * Yes * No |
| If yes, please list your child’s physical and/or learning disabilities: |  |
| Does your child have any special needs or considerations? | * Yes * No |
| If yes, please list your child’s special needs or considerations: |  |

|  |  |  |
| --- | --- | --- |
| Demographic Information |  | |
| What is the gender of your child? | * Female * Male | * Other   Please specify, if desired:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How would you best describe your child? Choose as many as apply: | * African American / African * Caucasian / European * Hispanic / Latino * American Indian / Alaska Native * Native Hawaiian / Other Pacific Islander * Middle Eastern * South Asian / Indian * East Asian * Other | |
| If you selected “other” above, please specify: |  | |

**Instructions**: Please complete the following information regarding your child’s registration. **We strongly encourage you to copy and paste the information from the registration summary to the top of this form.** **If this information does not match the information on the child’s registration form, the registration will be cancelled.** These documents must be electronically signed by the child’s parent or legal guardian.

|  |  |
| --- | --- |
| **Camper’s Name:** |  |
| **Session Location (county AND name of building):** | Wake – Big Brothers, Big Sisters |
| **Level (I, II, or III):** | Level I/II |
| **Dates (mo/day/yr – mo/day/yr):** | August 5, 2019 – August 9, 2019 |
| **Child’s shirt size:** (Circle one) | Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large |

# **Science in the Summer**

# **Release and Hold Harmless Agreement and Consent For Medical Treatment**

As part of the consideration for my child’s participation in the **Science in the Summer** program, I hereby release, hold harmless, and forever discharge GlaxoSmithKline LLC (“GSK”) and The University of North Carolina at Chapel Hill, for its Morehead Planetarium and Science Center (the “University”), its employees and agents from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, that may be sustained by me or my child or to any property belonging to me or my child while my child is participating in the program, except for damages caused by the negligence of GSK and the University, its agents and employees.

I acknowledge that my child’s participation in this activity is elected by me and not required. I voluntarily assume full responsibility for any risk of loss, damage, or personal injury, including death, and for any property damage that may be sustained by me or my child as a result of my child’s participation in this project.

In the event of illness or injury, and I hereby authorize **Science in the Summer** staff, or other employees or agents of GSK and the University, to obtain emergency medical treatment for my child at a local hospital as deemed necessary, including administration of an anesthetic or other medication and surgery, and I hereby assume the cost of such treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of GSK, the University and **Science in the Summer** staff to give specific consent to the diagnosis, treatment, or hospital care which in the best judgment of a licensed physician is deemed advisable. I understand that **Science in the Summer** staff will make reasonable efforts to notify me immediately should emergency treatment for my child become necessary. I also grant permission for emergency CPR to be administered to my child by a certified person should it become necessary.

I have read and I understand this document, including the release and hold harmless portions of it. I understand and agree that it is binding on myself, my child, our heirs, assigns, and personal representatives.

I acknowledge that I am 18 years old or more and that I am the parent or legal guardian of \_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Sign**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Science in the Summer Contract and General Policies**

**Completion of Forms**

A completed and signed **Science in the Summer** contract, health and safety survey, and medical treatment consent **must be completed to finalize registration.** Forms must be completed according to the registration process.

**Photo Consent**

I hereby grant GlaxoSmithKline LLC and the University the irrevocable right and permission to photograph or videotape my child’s participation in the **Science in the Summer** Program and to use the photograph(s) and/or videotaped image(s) in any and all brochures, publications, Internet websites, audiovisual presentations, promotional literature, advertising, or for any other similar purpose without compensation to me or my child. If you do not wish for your child’s image to be used for this purpose, you must notify the **Science in the Summer** administrator in writing no later than one week prior to the start of camp by faxing or emailing the letter to Glenda Hairston at (919) 445-6280 or ghairston@unc.edu. I agree that all such portraits, pictures, photographs, video and audio recordings and any reproductions thereof, and all plates, negatives, recording tape, and digital files shall remain the property of GlaxoSmithKline LLC and the University. I waive the right to approve the final product.

I hereby release and forever discharge GlaxoSmithKline LLC and the University, its agents, officers and employees from any and all claims and demands arising out of or in connection with the use of said photographs/images, including but not limited to, any claims for invasion of privacy, appropriation of likeness, or defamation.

**Dismissal**

GlaxoSmithKline LLC and The University reserve the right to dismiss a participant when the administrator deems dismissal necessary for the best interests of the program. In the case of behavior problems, the University will submit one verbal warning to the parent before dismissing any participant, unless the behavior in question endangers other participants, in which case a participant may be dismissed without a prior warning to the parent.

**Emergency Contacts**

In the event of an emergency, **Science in the Summer** staff will attempt to contact the parent or guardian using the contact information provided during the Active Network registration process. If a parent or guardian cannot be reached, the **Science in the Summer** staff will attempt to contact the emergency contacts provided on the Active Network registration form.

**Drop-Off / Pick-Up Location and Process**

1. Participants must be dropped off and picked up in the library (or site) classroom. **Parents and/or guardians (or other authorized adults) must enter and exit with the participant in order to complete the sign-in/sign-out process.**

2. A parent or guardian may authorize seven total individuals – the (up to) two parents and/or guardians listed as well as five other adult individuals (over 18 years of age) – to drop off and pick up their child. Parents/guardians and authorized individuals should be prepared to present a valid **government-issued photo form of identification** to drop-off and/or pick-up any child from the program.

If an authorized individual without valid identification or an unauthorized adult comes to drop-off and/or pick up a child, the parent and/or guardian will be contacted at the phone number that was provided during the online registration process in order to provide an alternative solution. Participants who have not been signed in by an authorized individual will not be permitted to attend the session, and participants who are not signed out by an authorized individual will not be released until an authorized individual arrives.

If, at a later time, changes need to be made to this list of authorized individuals, the parent and/or guardian must either:

a) Update the list by logging in to your Active Network account (available until April 30th, 2019), or

b) Contact the Science in the Summer Office directly if changes must be made after that date.

**The list of approved individuals is considered absolutely final at 12:00pm on the Thursday before the week of your child’s SIS session**. No further changes will be permitted after that time.

Your signature below indicates approval of the list of individuals you provided on your child’s Active Network registration form for drop-off and pick-up, as well as any future changes you choose to make to that list.

*I hereby warrant that I am the parent or legal guardian of \_\_\_\_\_\_\_\_\_***\_\_\_\_\_\_\_\_\_\_\_***\_\_\_\_\_\_\_\_\_\_\_\_ and that I am eighteen years old or more and competent to contract in my own name. I have read, understood & agree to the* ***Science in the Summer*** *general policies. This release is binding on me, my child, and our heirs, legal representatives, and assigns.*

**Sign**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_