

SCIENCE ALIVE

AFTER SCHOOL PROGRAM REGISTRATION FORM

(Please Print)

FALL 2015

PARTICIPANT INFORMATION

Participant's last name:		First:		
Current Grade:	School Attending 2015/2016	Birth date: DD/MM/YYYY / /	Age:	Sex: M F
Street address:		City:		Postal Code:
Parent/Guardian's Name(s)		Home Phone:	Work Phone:	
Previous participation in Science ALIVE programs (if any):				

MEDICAL INFORMATION

Emergency Contact Name:	Phone: BC Care Card Number:
Allergy/other Medical Information:	

PROGRAM INFORMATION

Riverview Park Elementary School Oct 22- Nov	26 3-4:30pm		
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PARENT/GUARDIAN CONSENT

All participants must be signed out by a parent/guardian or an authorized person. Please identify all individuals that can sign out your child:

You can give your child permission to sign themselves out. (parents completing the following statement: themselves out. (parents

Yes, I grant my child the authority to sign out by
initials)_____

I agree to **HOLD HARMLESS AND INDEMNIFY** Science AL!VE, Simon Fraser University and Actua for any and all liability to which the University has no legal obligation, including but not limited to, any damage to the property of, or personal injury to my child or for injurt and/or property damage suffered by any third party resulting from my child's actions whilst participating in the program. By signing this consent, I agree to allow Science AL!VE and SFU staff to provide or cause to be provided such medical services as The University or medical personnel consider appropriate. Science AL!VE reserves the right to refuse further participation to any participant for rule infractions.

Patient/Guardian signature

Relation to Participant

Date

I, hereby authorize Science AL!VE of Simon Fraser University and Actua, the National organization to which Science AL!VE is a member, to photograph, audio record, video record, podcast and/or webcast the Child (digitally or otherwise) without charge; and to allow Science AL!VE and Actua to copy, modify, and distribute in print and online, those images that include your child in whatever appropriate way either Science AL!VE and/or Actua sees fit without having to seek further approval. No names will be used in association with any images or recordings.

Patient/Guardian signature

Relation to Participant

Date