



# REGISTRATION FORM

\*All applicable fields are required

**Program Location:** \_\_\_\_\_ **Program Dates:** \_\_\_\_\_ – \_\_\_\_\_

**CHILD:** First & Last Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Male  Female  Ethnicity \_\_\_\_\_ Epi-Pen Required Yes  No

School Child Attends \_\_\_\_\_ Grade Next Fall \_\_\_\_\_

Allergies, prescribed medications, special needs and/or accommodations \_\_\_\_\_

\_\_\_\_\_

*\*For any child needs that are not self-managed and warrant special care or instructions, please call 800.968.4332 a minimum of 4 weeks prior to the start date of the program to inquire about accommodation allowances.*

**PHYSICIAN'S MEDICAL AUTHORIZATION [N/A  ]:** All medication must be delivered in the original container in which it was dispensed and administered by a pre-authorized individual designated by the parent/guardian. You have arranged and hereby authorize the administration of prescribed medication, times and dosage for your child as follows: \_\_\_\_\_

Issuing Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Issuing Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Person to Administer Medication \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/GUARDIAN:** First & Last Name(s) \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Email \_\_\_\_\_

**ALTERNATE TRANSPORTATION [N/A  ]:** Name/Relationship \_\_\_\_\_

Phone \_\_\_\_\_

**PHOTOGRAPHY RELEASE:** You authorize Club Invention/Camp Invention/Invention Project/Invention Playground, corporate and government sponsors and affiliates, to obtain, store, publish and/or use (without payment) any photographs, slides, sound and/or video recordings made of your child for public relations, marketing/advertising and/or internal training purposes.

Yes  No  Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT INFORMATION [N/A already paid  ]:**

Total Price \_\_\_\_\_ Voucher/Total \_\_\_\_\_ Promo Code/Total \_\_\_\_\_

Donation to help send an underprivileged child to camp \_\_\_\_\_

Check Number \_\_\_\_\_ or Visa  Discover  Master Card

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



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**TERMS & CONDITIONS:**

*Acceptable Behavior Policy: To ensure a safe and fun environment for all, children are expected to behave in an acceptable manner and use appropriate language at all times. It is important to remember that there are no refunds if a child is asked to leave the program due to unacceptable behavior.*

*Refund Policy: For Camp and Invention Project, \$50 of each registration fee is nonrefundable, and the remaining balance is refundable up to 11:59 pm ET three Sundays prior to the start date of the program. Cancellations made after this time are nonrefundable, as materials and educator costs are allocated and final. Please keep in mind as long as there is availability, you may switch programs up to one week prior to the beginning of the originally registered program. Club registrations are nonrefundable.*

*Emergency Treatment Authorization: You hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of your child, should a medical emergency occur, which the attending medical professional believes requires immediate attention to prevent further endangerment of the minor’s life, physical disfigurement or impairment, or undue pain, suffering or discomfort, if delayed. Permission is granted to the attending physician to proceed with any examination, diagnosis and medical or minor surgical or other treatment. In the event of a medical emergency you understand that every attempt will be made by the attending physician to contact you in the expeditious way possible. The authorization is granted only after a reasonable effort has been made to reach you. Permission is also granted to the National Inventors Hall of Fame, Inc. and its affiliates to provide emergency treatment prior to the child’s admission to the medical facility. This release is authorized for the duration of the registered session. This release is authorized and executed of your own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in your absence.*

*Liability Waiver: On your own behalf, and as parent or guardian, you acknowledge and agree that there is the possibility of physical injury or loss associated with your child’s participation in the program and hereby release, discharge the National Inventors Hall of Fame, Inc., its affiliated organizations, employees and associated personnel including the owners of the program facility against any and all claims, liabilities and/or damages as a result of your child’s participation in the program.*

**CONFIRMATION:** *Your signature below, whether written or electronically typed, is accepted as a binding agreement that by registering your child you have read and agreed to the Terms & Conditions of the program and is required for your child to participate.*

Parent/Guardian 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

*(If only 1 signature) You are the sole legal Parent/Guardian*



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