



2016 Summer Registration & Emergency Info:

Please print all info
Participant's Name:

Date of Birth:

Entering
Grade:

Circle one:

Male
Female

Please help us show Equal Opportunity Program Delivery. Optional.
Participant Ethnicity:

School:

Parent or Guardian Name(s):

Street Address:

City:

Zip:

Home Phone:

Mobile Phone:

E-Mail Address:

If we can't reach you, responsible person(s) to notify in the event of an emergency:

1. Phone () - Relationship:

2. Phone () - Relationship:

Allergies, medical conditions, or special needs participant has that we should be aware of to provide the best possible learning experience? Please describe:

Parental/Guardian Release and Participation Authorization:

With your acceptance of this application, I hereby release Shared Science, LBUSD and Sato Academy, Chicks Can Code, City of Long Beach Public Library, City of Long Beach Houghton Park Teen Center, St. Bartholomew's Youth Center, L.A. Archdiocese and their officers, agents, employees, volunteers from any and all claims of liability for damage, or any injuries sustained by my child, and shall hold the program free and harmless from any liability regarding my child's participation.

Parental/Guardian Promotion Authorization:

I consent I do not consent to having Shared Science capture and use photographs/video recordings of (participant's name) _____ and/or of myself/ourselves as we participate in the Shared Science program. I understand that these images are for possible use within Shared Science promotional materials (e.g. web site, flyers, e-mails, certificates, etc.) I understand that no compensation is provided for use.

Signature:

Date:

Registrations are accepted on a first come, first served basis. ALL APPLICANTS should call 562285-3942 or email info@sharedsciencefun.org to rsvp and confirm your spot. Payment is due with application. Program Scholarship may be available in case of economic hardship; contact us for an app and criteria. Shared Science is a California Nonprofit with 501(c)3 tax status.

Please make checks payable to: Shared Science

PLEASE MAIL COMPLETED APPS to: 5318 E 2nd Street #602, Long Beach, CA 90803

Rec'vd: _____ By: _____ Confirmation#: _____ Pmt Type: _____ Amt: _____