

SUMMER CAMP REGISTRATION

Student's Name

First Name _____ Last Name _____

Age _____ Gender _____

Current Grade as of Jan 2021

Current School _____

Parent/Guardian Name

Address

Phone Number

Work Phone Number

Email

Emergency Contact (Name/Phone Number)

Medical Condition (List Medical Condition)

Any Food Allergies or Dietary Restrictions

How did you hear about us?

Liability *

I understand that my student will be participating in hands-on activities indoors and outdoors. I understand that every precaution will be taken to ensure the safety of my student while participating in these activities. In consideration of the risk of injury while participating in the Summer Camp, I hereby knowingly and voluntarily enter into this waiver and release of liability and forever discharge the Camp executive team, staff, and associated individuals and/or entities of any claim of liability in regards to personal injury that my student may suffer as a direct result of participating in the Camp.

Yes, checking this box means I authorize the above statements.

Authorization *

I hereby authorize DLS Education & STEM Services and those acting pursuant to its authority to (i) record my student's likeness and/or voice on a video, audio, photographic, digital, electronic or any other medium; (ii) use my student's name and biographical material in connection with such recordings; and (iii) use, reproduce, exhibit, and/or distribute my student's name, biographical material, and such recordings in any medium (e.g., print publications, video, the internet, etc.) for promotional, advertising, educational, and/or other lawful purposes. I release and waive any claims or rights of compensation or ownership regarding such uses and understand that all such recordings shall remain the property of the DLS Education & STEM Services. I certify that I am 18 years of age or older or that my parent/guardian has signed below.

Yes, checking this box means I authorize the above statements.

Signature/date _____