

# Gloucester Marine Genomics Institute | Gloucester Biotechnology Academy

## 2022 STEM Enrichment Program Registration and Emergency Consent/Parental Release Form

### PARTICIPANT NAME

First Name

Last Name

Age

Email address

Please check the box next to the week your child would like to attend:

T-Shirt Size (please circle):

Monday, Jun 27 - Friday, Jul 1

Fish Fraud Forensics

SM M L XL

Monday, Jul 11 - Friday, Jul 15

Fish Fraud Forensics

Monday, Jul 25- Friday, Jul 29

Mean Glow Green

Monday, Aug 8- Friday, Aug 12

Mean Glow Green

### ADDRESS

Address

Address 2

City

State

Zip Code

Country

### PARTICIPANT EDUCATION

School

Grade Entering, Fall 2022

Please list any sciences courses you have completed or are currently enrolled in:

**PARENT/GUARDIAN 1**

First Name

Last Name

  

Primary Phone

Please circle if this is **LANDLINE** or **CELL**

  

Secondary Phone

Please circle if this is **LANDLINE** or **CELL**

  

Work Phone

Email

**PARENT/GUARDIAN 2**

First Name

Last Name

  

Primary Phone

Please circle if this is **LANDLINE** or **CELL**

  

Secondary Phone

Please circle if this is **LANDLINE** or **CELL**

  

Work Phone

Email

## EMERGENCY CONTACT

First Name

Last Name

  

Primary Phone

Please circle if this is **LANDLINE** or **CELL**

  

Secondary Phone

Please circle if this is **LANDLINE** or **CELL**

Relationship

## EMERGENCY CONSENT FORM

If you cannot be reached, and in order for Gloucester Biotechnology Academy to protect your child in the event of a medical emergency, please complete and sign the following information. This form will accompany your child to the hospital so that medical treatment can be provided.

There will be no nurse on-site at Gloucester Biotechnology Academy.

*I hereby authorize Gloucester Biotechnology Academy staff to give consent for any emergency medical and/or surgical treatment deemed necessary for my child during program hours in the event I cannot be reached:*

Name

Signature

Date

### Participant's Doctor

First Name

Last Name

  

Doctor Phone

  

Date of last tetanus shot

Health Insurance Co.

Group #

Chronic Illness or Allergies

Current Medications

Does your child have an Individualized Education Program or any learning/behavioral challenges? If so, please describe:

Does your child have any limitations, physical or otherwise, that would affect his/her ability to safely participate in the program without posing any undue risk to him/herself or others?

Yes  No

If yes, please explain: \_\_\_\_\_

## PERMISSION TO PHOTOGRAPH

I authorize Gloucester Biotechnology Academy to use, reproduce, publish, and distribute my name, voice, likeness, photograph and/or any other representation of me in printed materials or other media now known or hereinafter developed in connection materials Gloucester Biotechnology Academy publishes, distributes, displays, transmits, or exhibits. Further, I waive the right to any proceeds or other benefits derived from such printed materials and other media.

Name

Signature

Date

## PARENTAL AGREEMENTS

1. I give permission for my child to attend Gloucester Biotechnology Academy's STEM Enrichment Program.
2. Gloucester Biotechnology Academy agrees to notify the parent/guardian when the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible.
3. The parent/guardian agrees to inform Gloucester Biotechnology Academy within 24 hours or the next business day after his/her child, or any members of the immediate household, has developed a reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately.
4. The parent/guardian agrees to notify Gloucester Biotechnology Academy of any expected absences that the child will have during the length of the program.
5. Gloucester Biotechnology Academy is not responsible for any loss or injury that might occur on the premises of 55 Blackburn Center.
6. I release and forever discharge the Gloucester Biotechnology Academy from any claim or action whatsoever which arises or may arise on account of any first aid, medical treatment, or service rendered in connection with activities conducted as a volunteer. I also agree to indemnify and hold-harmless the Gloucester Biotechnology Academy against any such claim or action brought by any third-party (including any other family member) or, if the volunteer is under 18 at the time the claim or action arises, brought by the volunteer.
7. Anyone under the influence of drugs and/or alcohol will not be permitted to participate. Smoking must be in designated areas only.
8. I acknowledge that all the information on this form is truthful and accurate.

*I understand and agree to the eight (8) Parental Agreements outlined above:*

Name

Signature

Date

## How did you hear about us?

*Please check all applicable boxes below:*

- Teacher or Guidance
- Friend or Relative
- Academy Representative
- Academy Website
- Social Media/Facebook
- Good Morning Gloucester
- Gloucester Daily Times
- North Shore Children and Families newspaper
- Fliers/advertisements around town
- Other \_\_\_\_\_