

2011-2012 Science Rocks! After School Program Enrollment

Please print legibly or type. Incomplete applications cannot be processed and will be returned

1. Student's Last Name		First	Grade (11-12 School Year):	
Mailing Address			Sex: <i>Male Female</i>	Birthday:
City	State	Zip Code	Home phone number ()	
2. Student's Last Name		First	Grade (11-12 School Year):	
Mailing Address			Sex: <i>Male Female</i>	Birthday:
City	State	Zip Code	Home phone number ()	
Parent's email address		School currently attending		
Father's Name		Phone ()	Other Phone ()	
Mother's Name		Phone ()	Other Phone ()	
EMERGENCY INFORMATION: In case of emergency (and parents are not available), please contact:				
Name		Relationship	Phone	
Family Doctor		Phone		
Medical Insurance plan		Membership number		
Name of person(s) who will be picking up student			Phone	

ACCIDENT, MEDICAL, AND MEDIA RELEASE

We, _____ (names of parents or guardians), parents of _____

(name of student(s)), who is attending the *Imiloa After School* session(s) release all officers/directors/staff members and teachers of the *Imiloa After School Program*, the *Imiloa Astronomy Center of Hawai'i*, the *University of Hawai'i at Hilo*, and all other sponsoring agencies and/or organizations of any claim for damages, liability, injury, expense, or loss on account of any negligence or other wrong doing that may occur while our child is attending the *Imiloa After School Program*. We also agree to indemnify and hold harmless those persons of the above stated organizations on any claim arising out the *Imiloa After School Program* activities under this agreement. In case of accident or need for medical attention, we give permission to the *Imiloa After School* manager, director or other staff members to take our child, _____ (name), children, _____, _____ to a doctor, dentist and/or emergency medical facility. It is understood that the cost for treatment will be borne by the parent or guardian.

We also hereby give permission to the *Imiloa After School Program* and the *Imiloa Astronomy Center of Hawai'i*, to film, tape, or otherwise record our child's name, voice, and/or person. We understand that these recordings of our child may include news releases to include photographs about the *Imiloa Astronomy Center of Hawai'i* and other media releases to publicize the *Imiloa After School Program* and the *Imiloa Astronomy Center of Hawai'i* and open-circuit (broadcast), closed-circuit, and/or cable television transmission within or outside of the State of Hawai'i in perpetuity. We also understand that there will be no financial or other remuneration for recording of our child, either for initial or subsequent transmission or playback. The *Imiloa Astronomy Center of Hawai'i*, University of Hawai'i at Hilo, may also use our child's name, likeness, and/or bibliographical identification for publicizing and promoting the use of these recordings.

 FATHER'S OR LEGAL GUARDIAN'S SIGNATURE

 DATE

 MOTHER'S OR LEGAL GUARDIAN'S SIGNATURE

 DATE