



Where:
When:
Notes:

Child Information (Required*)

First Name* Last Name* Birth Date*
[] [] [/ /]

Does your child require an epinephrine injector?*
Yes No

Gender* Ethnicity* Grade Fall 2024*
[] [] []

Allergies, prescribed medications, and/or special accommodations

School Fall 2024* Shirt Size* Youth S-L or Adult S-L
[] []

[]

Alternate Transportation Name, Relationship, Phone
[]

Photo Release* See https://www.invent.org/terms-and-conditions
Yes No

For any child needs that are NOT self-managed, please call 800-968-4332 a minimum of eight weeks prior to start date; see https://www.invent.org/terms and conditions.

Parent/Guardian Information (Required*)

First Name* Last Name* Phone* Email* Must be valid to register
[] [] [] []

Address* No P.O. boxes please City* State* ZIP*
[] [] [] []

Payment [N/A Already Paid]

Table with 2 columns: Description, Amount. Rows include Program Price, Donation, Extended Day, Cancellation Insurance, Voucher/Promo Code, and Total Payment Amount Enclosed.

Credit Card # (No American Express) Exp. Date
[] [/ /]

Check # License # Routing # Account #
[] [] [] []

Confirmation

Parent/Guardian Signature* Date*
[] []

By registering your child you certify that you have obtained, read and agreed to the Terms & Conditions of the program (incorporated by reference herein), which can be found at https://www.invent.org/terms-and-conditions or by contacting us at 800-968-4332.