

REGISTRATION APPLICATION

PARTICIPANT INFORMATION *(*all applicable fields are required)*

CHILD: First & Last Name _____ Birth Date _____ Male ☐ Female ☐ Ethnicity _____

Epi-Pen Required Yes ☐ No ☐ School Child Attends _____ Grade Next Fall _____

Allergies, prescribed medications, special needs and/or accommodations _____

**Please see Accommodations process listed below in Terms & Conditions.*

PHYSICIAN'S MEDICAL AUTHORIZATION [N/A ☐]: All medication must be delivered in the original container in which it was dispensed and administered by a pre-authorized individual designated by the parent/guardian. You have arranged and hereby authorize the administration of prescribed medication, times and dosage for your child as follows:

_____, Physician _____

Phone _____ Physician Signature _____ Date _____

Person to Administer Medication _____ Parent/Guardian Signature _____ Date _____

PARENT/GUARDIAN: First & Last Name(s) _____

How did you hear about the program? _____

Address _____ City _____ State _____ Zip _____

Phone(s) _____ Email _____

ALTERNATE TRANSPORTATION [N/A ☐]: Name/Relationship _____ Phone _____

PHOTOGRAPHY RELEASE: Yes ☐ No ☐ Parent/Guardian Signature _____ Date _____

PAYMENT INFORMATION [N/A already paid ☐]:

Program Price \$ _____ Donation to send an underserved child to camp \$ _____ Total Payment Enclosed \$ _____ Check # _____

OR Visa ☐ Discover ☐ Master Card ☐ Credit Card # _____ Exp. Date _____ Name on Card _____

Voucher or Promo Code & Amount (if applicable) _____ \$ _____

TERMS & CONDITIONS:

Acceptable Behavior Policy: To ensure a safe and fun environment for all, children are expected to behave in an acceptable manner and use appropriate language at all times. It is important to remember that there are no refunds if a child is asked to leave the program due to unacceptable behavior.

Emergency Treatment Authorization: You hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of your child, should a medical emergency occur, which the attending medical professional believes requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement or impairment, or undue pain, suffering or discomfort, if delayed. Permission is granted to the attending physician to proceed with any examination, diagnosis and medical or minor surgical or other treatment. In the event of a medical emergency you understand that every attempt will be made by the attending physician to contact you in the most expeditious way possible. The authorization is granted only after a reasonable effort has been made to reach you. Permission is also granted to the National Inventors Hall of Fame, Inc. and its affiliates to provide emergency treatment prior to the child's admission to the medical facility. This release is authorized for the duration of the registered session. This release is authorized and executed of your own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in your absence.

Refund Policy and Cancellation Insurance: \$75 of each registration fee is nonrefundable. The remaining balance is refundable up to 11:59pm ET on the Sunday three weeks prior to the start date of the program. Cancellations made after this time are nonrefundable, as materials and educator costs are allocated and final. Please keep in mind if there is availability, you may switch programs up to one week prior to the beginning of the originally registered program. Scholarship registrations are nonrefundable. Cancellation Insurance may only be purchased at the time of registration for an additional \$25 per participant, which covers the registration

cost should a parent need to cancel, less the insurance fee. Cancellation Insurance claims are redeemable up to the first day of the program by speaking with a Customer Relations representative at 800-968-4332. Scholarships are non-refundable.

Accommodations: If you would like to speak with someone to determine if our program is a good fit for your child, please contact us at 800-968-4332 a minimum of **4 weeks** prior to the start date of the program. If 1:1 assistance is requested, we will provide you with a form to submit any necessary information then work with you to identify reasonable accommodations if available. It is the responsibility of the parent and/or their private insurance to cover any accommodation costs associated with their request. While a request cannot be guaranteed, all accommodation inquiries will be reviewed to ensure safety and program integrity. Please keep in mind locations hosting summer/after-hours programs do not have the same personnel/tools available as during the school year. *Nurses, special education assistants, aides, etc., are not on site unless a parent arranges an approved accommodation beforehand based on their individual child needs.

Photography Release: You authorize Club Invention/Camp Invention/Invention Project/Invention Playground, corporate and government sponsors and affiliates, to obtain, store, publish and/or use (without payment) any photographs, slides, sound and/or video recordings made of your child for public relations, marketing/advertising and/or internal training purposes.

Liability Waiver: On your own behalf, and as parent or guardian, you acknowledge and agree that there is the possibility of physical injury or loss associated with your child's participation in the program and hereby release, discharge the National Inventors Hall of Fame, Inc., its affiliated organizations, employees and associated personnel including the owners of the program facility against any and all claims, liabilities and/or damages as a result of your child's participation in the program.

CONFIRMATION: Your signature below, whether written or electronically typed, is accepted as a binding agreement that by registering your child you have read and agreed to the Terms & Conditions of the program and is required for your child to participate.

Parent/Guardian Signature 1 _____ Date _____

Parent/Guardian Signature 2 _____ Date _____

(If only 1 signature) You are the sole legal Parent/Guardian ☐