

Science ALIVE - ALIVE Girls Club - Registration Form 2009 / 2010

SCIENCE EDUCATION SINCE 1994

Participant Information

Participant's Last Name _____ Participant's First Name _____
Address _____ City _____ Postal Code _____
Parent/Guardian's Name(s) _____
Home Phone _____ Work Phone _____ Email _____
School Attending 2009/2010 _____ Current Grade Attending _____
Have you participated in Science ALIVE programs before? Which one(s)? _____

Medical Information

Emergency Contact Name _____ Phone _____
BC Care Card Number _____ Birthdate _____ MM/DD/YYYY
Allergy/Other Medical Information _____

Program Information

ALIVE Girls meets bi-weekly on Saturday mornings from 9:30 am until 12:30pm. There are two sessions of Girls Club every year; the Fall Session is from September to December and the Spring Session is from January to May. Girls can participate in one or both sessions.

Payment Information

Fall Session (8 meetings) \$60 **Spring Session** (10 meetings) \$70 **Both Sessions** (18 meetings) \$120
Sept. 12 2009 to Dec. 19 2009 Jan. 9 2010 to May 29 2010 Sept. 6 2009 to May 29 2010

Please Note: Participants are responsible for any extra costs involved in fieldtrips. Please circle: Cash / Cheque / Money Order
Bursaries are also available. Application forms can be printed off the Science ALIVE website or contact us for more information.

Parent/Guardian Consent

All participants must be signed out by a parent/guardian or an authorized person. _____
Please identify all individuals that can sign out your child in the spaces provided. _____
You can give your child permission to sign themselves out by completing the following statement.
 Yes, I grant my child the authority to sign themselves out. _____ (Parent's Initials)

I hereby grant _____ permission to participate in Science ALIVE 's ALIVE Girls Club, and authorize staff to provide or cause to be provided such medical services as The University of medical personnel consider appropriate. Science ALIVE reserves the right to refuse further participation to any participant for rule infractions. By signing this consent, I agree to allow Science ALIVE and Actua to reproduce the likeness of my child (photo, video, etc) in promotional materials or publications.

Signature of Parent/Guardian

Relation to Participant

Date