

# Amazing Molecules

August 8-August 12, 2016

## REGISTRATION FORM

Return Completed form to: Education Department, University of Dubuque, 2000 University Ave. Dubuque, Iowa 52001 or email to [sscott@dbq.edu](mailto:sscott@dbq.edu).

### Participant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  Female  Male Age: \_\_\_\_\_ T-Shirt Size S-M-L \_\_\_\_\_ Adult or Youth \_\_\_\_\_

School: \_\_\_\_\_

Grade attended year 2015-2016: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ cell: \_\_\_\_\_

(Include area code with telephone)

Parent email: \_\_\_\_\_



Please list ADA Accommodations needed: \_\_\_\_\_

Guardian's name: \_\_\_\_\_ Alternative Contact: \_\_\_\_\_

Guardian's day phone: \_\_\_\_\_ Alternative Contact day phone: \_\_\_\_\_

Guardian's cell: \_\_\_\_\_ Alternative Contact cell: \_\_\_\_\_

Person's Authorized to pick up child: \_\_\_\_\_  
(Please provide a copy of their ID)

Other Dismissal Arrangements \_\_\_\_\_

Emergency contact\*: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Specify any of your child's health problems: \_\_\_\_\_

Is your child on any medication? No Yes If so, please specify: \_\_\_\_\_

### Camp Fees:

- Amazing Molecules, 8:30-3:30, 1 week: \$200
- Scholarships available, for application contact Susie Scott at 563-589-3232 or email [sscott@dbq.edu](mailto:sscott@dbq.edu) for a scholarship application.

**Registration fee:** \$50 which will be credited to the camp balance, balance due August 1<sup>st</sup>.

**Program Contact Information**

For more information, contact, Susie Scott at 563-589-3232 or email [sscott@dbq.edu](mailto:sscott@dbq.edu)

I understand that the balance is due by August 1. We do not provide make-ups or refunds for any days missed for any reason. Please do your best to come to Amazing Molecules every day.

**DROP OFF AND PICK UP TIMES**

Drop off time: 8:15 am in the University of Dubuque Quad on Algona Street

Pick up time: 3:30 pm in the University of Dubuque Quad on Algona Street

**REQUIRES PARENT’S SIGNATURE:**

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child \_\_\_\_\_ as they may deem advisable.

Parent/Legal guardian name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Allergies (including food allergies) \_\_\_\_\_

Student Medical Problems \_\_\_\_\_

Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Policy number \_\_\_\_\_

**Permission and Consent Statements**

I hereby give permission to **Amazing Molecules** to photograph and/or videotape the student for educational or promotional purposes. I give permission for program data obtained from student and parent surveys which do NOT identify the student to be used for program assessment in an effort to better serve future students.

\_\_\_\_\_ (Initial)

**PARENT STATEMENT**

I hereby state that (child’s name) \_\_\_\_\_ is in good mental and physical health condition and is able to participate in the activities provided by **Amazing Molecules**. I hereby release **Amazing Molecules** from liability to the above named student, of the person claiming through him/her, arising from injury to the person or property of the above named child occurring on the premises of **University of Dubuque**.

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_