

**WHERE & WHEN**

# Free Registration!

**Scholarship Program Terms**

To qualify for scholarship funding, 2 or more of the criteria listed below must be met. **Funding is limited and completion of this form does not guarantee placement.** Registrants will be notified upon selection, 1<sup>st</sup> day no-shows will lose place. This information is ONLY to be shared with the scholarship provider, Army Educational Outreach Program (AEOP), who may contact families for additional education program opportunities in the areas of Science, Technology, Engineering & Math (STEM).

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

**CHILD 1** First & Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male  Female

Does your child require an EpiPen®?  Yes  No Special Needs \_\_\_\_\_

Fall Grade Level \_\_\_\_\_ School Child Attends \_\_\_\_\_

To which racial or ethnic group(s) do you most identify?  Asian  Black/African American  Hispanic/Latino/Spanish Origin

Indigenous/Native American/Alaskan Native  Native Hawaiian/Other Pacific Islander  White/Caucasian

Other Origin, Tribe or Race \_\_\_\_\_

**To qualify for scholarship funds, 2 or more of the following criteria listed MUST be met. Please check all that apply:**

- Qualify for free or reduced-price lunch
- Racial or ethnic minority
- Receive special education services
- Disability
- English is secondary language
- Parent(s) did not attend college

**CHILD 2** First & Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male  Female

Does your child require an EpiPen®?  Yes  No Special Needs \_\_\_\_\_

Fall Grade Level \_\_\_\_\_ School Child Attends \_\_\_\_\_

To which racial or ethnic group(s) do you most identify?  Asian  Black/African American  Hispanic/Latino/Spanish Origin

Indigenous/Native American/Alaskan Native  Native Hawaiian/Other Pacific Islander  White/Caucasian

Other Origin, Tribe or Race \_\_\_\_\_

**To qualify for scholarship funds, 2 or more of the following criteria listed MUST be met. Please check all that apply:**

- Qualify for free or reduced-price lunch
- Racial or ethnic minority
- Receive special education services
- Disability
- English is secondary language
- Parent(s) did not attend college

**PARENT/GUARDIAN** First & Last Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email for placement notice \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

*For Office Use Only*  
 Waitlisted: \_\_\_\_\_  
 Placed: \_\_\_\_\_



**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: \_\_\_\_\_

Issuing Physician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Issuing Physician Signature \_\_\_\_\_ Date \_\_\_\_\_  
Authorized Person to Administer Medication \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*For any child needs that are not self-managed and warrant special care or instructions, please call 800.968.4332 a minimum of 4 weeks prior to the start date of the program to inquire about accommodation allowances.*

**ALTERNATE TRANSPORTATION [N/A  ]:** Name/Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

**\*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.

Yes  No  Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

#### 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.

**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 1 Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

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