

Gloucester Marine Genomics Institute | Gloucester Biotechnology Academy

Summer STEM Registration and Emergency Consent/Parental Release Form – Fish Fraud Forensics

PARTICIPANT NAME

First Name

Last Name

Age

Email address

Please check the box next to the week your child would like to attend:

(Please number the weeks below in order of requested preference.)

Monday, June 22 through Friday, June 26 (ages 15 - 17)

Monday, July 13 through Friday, July 17 (ages 12 - 14)

**additional weeks will be offered based on interest and availability.*

ADDRESS

Address

Address 2

City

State

Zip Code

Country

PARTICIPANT EDUCATION

High school

Grade Entering Fall 2020

Below, please list any sciences courses you have completed or are currently enrolled in:

PARENT/GUARDIAN NAME

First Name

Last Name

Primary Phone Number

Please circle if this is a: **HOUSE** phone or **CELL** phone

Secondary Phone Number

Please circle if this is a: **HOUSE** phone or **CELL** phone

Work Phone Number

Email

PARENT/GUARDIAN NAME 2

First Name

Last Name

Primary Phone Number

Please circle if this is a: **HOUSE** phone or **CELL** phone

Secondary Phone Number

Please circle if this is a: **HOUSE** phone or **CELL** phone

Work Phone Number

Email

FINANCIAL AID

Financial Aid is available to students who qualify for free or reduced lunch at their high school.

Please check below if your child currently qualifies for free or reduced lunch:

Yes, my child qualifies and I would like to received financial aid.

EMERGENCY CONTACT

First Name

Last Name

Primary Phone Number

Please circle if this is a: **HOUSE** phone or **CELL** phone

Secondary Phone Number

Please circle if this is a: **HOUSE** phone or **CELL** phone

Relationship

EMERGENCY CONSENT FORM

If you cannot be reached, and in order for Gloucester Biotechnology Academy to protect your child in the event of a medical emergency, please complete and sign the following information. This form will accompany your child to the hospital so that medical treatment can be provided.

There will be no nurse on-site at Gloucester Biotechnology Academy.

I hereby authorize Gloucester Biotechnology Academy staff to give consent for any emergency medical and/or surgical treatment deemed necessary for my child during program hours in the event I cannot be reached:

Name

Signature

Date

Participant's Doctor

First Name

Last Name

Doctor Phone Number

Date of last tetanus shot

Health Insurance Co.

Group #

Chronic Illness or Allergies

Current Medications

Does your child have an Individualized Education Program or any learning/behavioral challenges?

If so, please describe.

Does your child have any limitations, physical or otherwise, that would affect his/her ability to safely participate in the program without posing any undue risk to him/herself or others?

Yes

No

If yes, please explain. _____

TRANSPORTATION

I give permission for my child to leave Gloucester Biotechnology Academy without adult supervision.

I will pick my child up from Gloucester Biotechnology Academy each day.

My child is only permitted to leave with either myself or the adults listed below.

PERMISSION TO PHOTOGRAPH

I authorize Gloucester Biotechnology Academy to use, reproduce, publish and distribute my name, voice, likeness, photograph and/or any other representation of me in printed materials or other media now known or hereinafter developed in connection materials Gloucester Biotechnology Academy publishes, distributes, displays, transmits or exhibits. Further, I waive the right to any proceeds or other benefits derived from such printed materials and other media.

Name

Signature

Date

PARENTAL AGREEMENTS

1. I give permission for my child to attend Gloucester Biotechnology Academy's Summer STEM program.
2. Gloucester Biotechnology Academy agrees to notify the parent/guardian when the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible.
3. The parent/guardian agrees to inform Gloucester Biotechnology Academy within 24 hours or the next business day after his/her child, or any members of the immediate household, has developed a reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately.
4. The parent/guardian agrees to notify Gloucester Biotechnology Academy of any expected absences that the child will have during the length of the program.
5. Gloucester Biotechnology Academy is not responsible for any loss or injury that might occur on the premises of 55 Blackburn Center.
6. I release and forever discharge the Gloucester Biotechnology Academy from any claim or action whatsoever which arises or may arise on account of any first aid, medical treatment or service rendered in connection with activities conducted as a volunteer. I also agree to indemnify and hold-harmless the Gloucester Biotechnology Academy against any such claim or action brought by any third-party (including any other family member) or, if the volunteer is under 18 at the time the claim or action arises, brought by the volunteer.
7. Anyone under the influence of drugs and/or alcohol will not be permitted to participate. Smoking must be in designated areas only.
8. I acknowledge that all the information on this form is truthful and accurate.

I understand and agree to the eight (8) Parental Agreements outlined above:

Name

Signature

Date

Please send completed paperwork, along with a \$50 non-refundable deposit to:

Gloucester Biotechnology Academy
Elizabeth Wing, Lead Teacher
55 Blackburn Center
Gloucester MA 01930

Please make checks out to: Gloucester Marine Genomics Institute

How did you hear about us?

Please check all applicable boxes below:

- Teacher or Guidance Professor
- Friend or Relative
- Academy Representative
- Academy Website
- Social Media/Facebook
- Good Morning Gloucester
- Gloucester Daily Times
- North Shore Children and Families newspaper
- Fliers/advertisements around town
- Other _____