



# 4H YOUTH DEVELOPMENT PARTICIPANT REGISTRATION FORM

Science Saturday / Guam GENE-ius is an opportunity your child to explore the world of science through fun, interactive, and thought-provoking hands-on activities and experiments in a university setting. The program will:

- Foster critical thinking and problem-solving skills
- Stimulate curiosity
- Build an overall passion for science

Grades 1 to 3	Grades 4 to 6	Grades 7 to 9
<u>When:</u> January 11 to April 4	<u>When:</u> January 11 to April 4	<u>When:</u> January 11 to February 22
<u>Time:</u> Morning: 10 AM to 12 PM Afternoon: 2 PM to 4 PM	<u>Time:</u> Morning: 10 AM to 12 PM Afternoon: 2 PM to 4 PM	<u>Time:</u> 9 AM to 12 PM
<u>Cost:</u> \$100 for the entire 7-week program	<u>Cost:</u> \$100 for the entire 7-week program	<u>Cost:</u> \$85 for the entire 4-week program

Registration is from December 10 to January 3, 2020.

- Registration is strictly on a first-come-first-serve basis.
- Completed application forms and payments are needed to secure your child's spot in the program. Classes are limited to 24 students per session.
- Registration will be held Monday through Friday from 9:00 AM to 4:00PM at the University of Guam, Agriculture and Life Sciences building room ALS 207, 303 University Drive, Mangilao Guam 96923

## PARTICIPANT INFORMATION

First name \_\_\_\_\_ Last name \_\_\_\_\_ M.I. \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: male / female Home phone \_\_\_\_\_

School name \_\_\_\_\_ Grade level \_\_\_\_\_

Program Grade:  Grades 1-3  Grades 4-6  Grades 7-9

Session (Grades 1-6):  Morning (10 A.M. to 12 P.M.)  Afternoon (2 P.M. to 4 P.M.)

Session (Grades 7-9):  Afternoon (2 P.M. to 4 P.M.)

Will this be your child's first time attending Science Saturday / Guam GENE-ius?

YES  NO

## PARENT / GUARDIAN INFORMATION

### Parent 1

First name \_\_\_\_\_ Last name \_\_\_\_\_

Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_ E-mail address \_\_\_\_\_

### Parent 2

First name \_\_\_\_\_ Last name \_\_\_\_\_

Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Family address \_\_\_\_\_ Apt/unit \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

**ADULT EMERGENCY & AUTHORIZED PICK UP CONTACT INFORMATION**

Please provide the names of three adults (in addition to parents listed above) who are allowed to pick up your child. Only adults with valid proof of identification indicated on this form will be allowed to pick up your child from the program.

\_\_\_\_\_  
First name                      Last name                      Cell phone number                      Relationship to applicant

\_\_\_\_\_  
First name                      Last name                      Cell phone number                      Relationship to applicant

\_\_\_\_\_  
First name                      Last name                      Cell phone number                      Relationship to applicant

**MEDICAL INFORMATION & AUTHORIZATION FOR MEDICAL CARE**

Please read the following information carefully. As program participant, parent or guardian I understand that:

The information requested on this form is intended to help inform our staff of any pre-existing conditions. If you child has a pre-existing medication condition, participation in any strenuous activities, or recreational time may not be recommended. This information will be kept in strict confidence and will be shared with your permission.

University of Guam, Cooperative Extension and Outreach requests the information below so that, in the case of an emergency, you have provided us with accurate information about you so that we can provide and/or seek appropriate treatment. You are accountable for providing an accurate medical history. Final determination about whether to participate is the responsibility of you, and your physician. If you have any medical issue that is not requested below, but of which you think it is important, please include that information.

**Medical information**

It is recommended that you consult your physician prior to participating in this program. If you are uncertain about any preexisting medical conditions, it is your responsibility to consult your own physician prior to participating in the program. Please answer all the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

Physician's name \_\_\_\_\_ Phone number(s) \_\_\_\_\_

Medical clinic / hospital address \_\_\_\_\_

Do you have health/accident insurance? Yes / No

If yes, please indicate policy number, name and address of company. Please include a front and back copy of your Insurance card \_\_\_\_\_

\_\_\_\_\_

Does the participant have any limiting medical conditions that you or your health care provider would limit participation in the program?

Yes / No                      If yes, identify and explain \_\_\_\_\_

\_\_\_\_\_

Is the participant currently taking medication that may interfere with the ability to safely participate in the program?

Yes / No                      If yes, identify and explain \_\_\_\_\_

\_\_\_\_\_

Does the participant have any allergies or reactions to medications, insect stings or plants?

Yes / No                      If yes, identify and explain \_\_\_\_\_

\_\_\_\_\_

Does the participant have a history of currently suffer from any medical conditions(s) with which we may be to be aware?

Yes / No                      If yes, identify and explain \_\_\_\_\_

\_\_\_\_\_

Any other health-related information you think important to know:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Authorization for medical care and release**

In cases where medical attention is necessary, parents will be contacted for approval when possible. However, we are required to have on file a medical release for signed by the parent/participant

Science Saturday / Guam Genesis: participant's name \_\_\_\_\_ has my permission to receive medical attention in the event of illness or medical emergency while participating in this program. I will assume the financial responsibility for any cost of health care for my child /myself that may occur during this program.

**PLEASE READ:** As a participant, parent or guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to myself/my child and/ or others during this program. By signing my name I represent and warrant that I have provided all materials and important information to University of Guam Cooperative Extension and Outreach pertaining to my/ my child's medical, mental and physical condition and that it is accurate and complete. I agree to notify University of Guam Cooperative Extension and Outreach of any changes to my/ my child's mental, physical, or medical condition prior to my child's scheduled program.

By revealing or disclosing the above medication information, it will not be used by University of Guam personnel or employees to determine my/ my child's ability to participate safely in activities. I understand that, if I/my child choose to participate in activities, I/she/he do so voluntarily and of my/ his/ her own accord, and the final decision regarding participation is solely the responsibility of the myself and my child.

**I confirm that I have read, understand and agree to the authorization and medical release above.**

\_\_\_\_\_  
Parent/Guardian Print/Signature

\_\_\_\_\_  
Date

**Photography and Media Release**

I hereby give the University of Guam and those acting pursuant to it authority to:

- Record my/ my child's participant and appearance in the camp/ program on video tape or audio tape, in photographs, or in any other recorded medium. I understand that these recording may be used in any medium, including print, Web (website, Facebook, Twitter, and similar), video, or audio.
- Use my name, likeness, voice, and biographical material in connection with recordings.
- Exhibit or distribute such recording in whole or part without restrictions or limitation for any educational or promotional purpose, which University of Guam and those pursuant to it authority, deem appropriate. University of Guam will not pay, nor receive, remuneration for the use of images or recordings. I waive any right I might have to inspect and/or approve the finished medium, or the use to which it may be applied.

**I confirm that I have read, understand and agree to the photography and media release above.**

\_\_\_\_\_  
Parent/Guardian Print/Signature

\_\_\_\_\_  
Date

**Liability Waiver**

To the best of my knowledge, \_\_\_\_\_ [name of minor participant] in good physical condition and fully able to participate in this course. I am fully aware of the risks and hazards connected with the participation in this event, including physical injury or even death, and hereby elect to voluntarily participate in said event, knowing that the associated physical activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this course.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, the University of Guam, the Board of Regents of the University of Guam, their officers, servants, agents, employees, and any respective party associated with activities within and outside the University campus (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, which participating in physical activity, or while on or upon the premises where the event is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, any CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the Territory of Guam.

In signing this release, I acknowledge and represent that I HAVE READ THE FOREGOING Liability Waiver, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; AND I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND AS SAME.

\_\_\_\_\_  
Parent/Guardian Print/Signature

\_\_\_\_\_  
Date

**Program Pick-up and Safe Arrival of Participant**

The Parent/ Guardian, or the authorized individual(s) are responsible for transportation to and from scheduled program activity sites and will arrive together with the participant. Parent/ Guardian or authorized individual(s) must sign in the participant with a program employee on-site upon drop off. Then upon pick up the participant at the depart site, parent/guardian or authorized individual(s) listed must sign out the participant no later than 30-minutes, respectively, of the schedule program activity. In the event, there is an emergency, the University of Guam employee(s) will contact the authorized individual(s).

If the participant has its own vehicle transportation participant must submit a copy of their driver's license, the parent/guardian must notify program employee(s) that the participant will be driving to program site. Participant must sign-in and sign out with a program employee on-site.

If there is a custodial guardian designation, the registering adult is responsible to inform UOG CE&O, of any restrictions or individuals allowed to pick up child.

**I confirm that I have read, understand and agree to the program pickup and safe arrival of participant procedure.**

\_\_\_\_\_  
Parent/Guardian Print/Signature

\_\_\_\_\_  
Date

**Registration and Cancellation Policy**

Science Saturday / Guam GENE-ius Program is filled on a first-come, first-served basis. Guam GENE-ius is limited to 24 students per session. It is recommended to register your child as soon as possible. The cost to register a child for the program is \$100.00 for grades 1-6 and \$85.00 for grades 7-9. Registration fees must be paid, and application forms must be completed to hold your child's place in the program. The cancellation policy is as follows:

- Registration cancellation must be made no less than 3 days prior to the start of the first class of the program. A refund will be issued for the total registration fee paid. Cancellations made fewer than 3 days before the first day of class will not receive a refund.
- Refund will not be processed for no-shows or if your child decides he or she does not want to continue with the program after the first day of class. No partial refunds will be issued for missed days of class.
- If there is not an adequate number of applicants registered a minimum of 3 days prior to the start of the program, we reserve the right to cancel the session. Registration fees will be refunded in full in the event that the program is canceled completely.
- Refunds will take 2-3 weeks for processing with UOG Business Office.

\_\_\_\_\_  
Parent/Guardian Print/Signature

\_\_\_\_\_  
Date