

2015 Summer STEM Research Program

June 21-July 3, 2015

REGISTRATION FORM

PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: _____ First Name: _____

Gender: Female Male Age: _____ T-Shirt Size: _____

School Name: _____ Grade (2014-2015): _____

Home Address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Telephone: _____ Cell: _____

Student's Email: _____

Please Check One: _____ Coupon Code (if applicable): _____

- Residential Student
- Commuter Student

Other Services:

- Airport Pick-up Request-Arrival Flight No.: _____ Time: _____
- Airport Drop-off Request-Depart Flight No.: _____ Time: _____

Please fly to Dulles International Airport (IAD)

 Please List ADA Accommodations Needs: _____

PARENT INFORMATION

Please type or print legibly.

Mother's Name: _____ Father's Name: _____

Mother's Daytime Phone: _____ Father's Daytime Phone: _____

Mother's Cell: _____ Father's Cell: _____

Parent's Email: _____

Other Dismissal Arrangements: _____

Emergency Contact*: _____ Relationship: _____ Phone: _____

Specify any of your child's health problems: _____

Is your child on any medication? No Yes If yes, please specify: _____

Health Information

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: _____

Parent/Legal Guardian Signature: _____ Date: _____

Student Allergies: _____

Student Medical Problems: _____

Doctor's Name: _____ Phone Number: _____

Insurance Carrier: _____ Policy Number: _____

Release of Liability and Authorization to Consent:

I give my consent for my child's participation in the Summer STEM Research Program at George Mason University. This includes travel off campus on the School's buses for field trips. I authorize the use of my child/children's photographs in all school communications and understand that to opt out I must notify the Director of Summer Programs in writing. I hereby release and hold harmless The Summer STEM Research Program, its agents, and employees from all claims, damages, and/or liabilities for injuries to the participant that are not the result of gross negligence by the School, its agents, or employees. I hereby authorize any medical treatment, which may be advised by an attending physician or EMT personnel while my child is enrolled in the Summer Programs. I have read and agree to the above.

I hereby give permission to _____ photograph and/or videotape the student for educational or promotional purposes. _____ (Initial)

Parent/Guardian Signature: _____ **Date:** ____/____/____

Payment Information

Program Fees (check one):

- Commuter Program \$2,000 /2 Weeks
Residential Program \$2,950 /2 Weeks

Non-Refundable Registration Fee: \$50.00

Non-Refundable Deposit: \$350.00 (deductible from a program fees)

If paying by credit card: Mail this form with your application only if you are paying your application fee by credit card

If paying by check: Checks should be made payable to AGM and mailed to: 7700 Little River Tnpk., Suite 407, Annandale, VA 22003

PAYMENT INFORMATION

Student's Name Last First Middle

A nonrefundable application fee of \$50 and a nonrefundable program fee deposit \$350 will be charged at the time of application.

Cardholder's Name (as it appears on card):

Cardholder's Billing Address:

Cardholder's Telephone Number: () -

Cardholder's Signature: Date: / /

Credit Card (check one): Visa Master Card

Credit Card Account Number: - - -

Expiration Date (MM/YY): / CVV# (3 digit code on back of card):

- Charge Amount: \$50
Charge Amount: \$350

I declare that the information on this form is correct and complete. I authorize a payment of \$400 to be charged to my credit card.

I understand that the balance is due by June 10, 2015. We do not provide make-ups or refunds for any days missed for any reason.

SIGNATURE OF PARENT OR GUARDIAN: DATE: