



# Bethel Math and Science Scholars Program

## APPLICATION AND PARENT PERMISSION FORM

July 3 – August 11, 2017

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ T-shirt Size: Adult/Child \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Parent/Guardian (1): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian (2): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### **Emergency Contact**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### **Medical Release Information**

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should a paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

**My child will attend the following sessions:**

All 6 Weeks       July 3 – 7       July 10 – 14       July 17 – 21  
 July 24 – 28       July 31 – August 4       August 7 -11       Extended Day (until 5:15 pm)

I, the parent/legal guardian of \_\_\_\_\_, hereby consent to and grant permission for my child to participate in any and all activities of the Generation Excel Youth (GENEX) program including transportation to and from the activities.

The undersigned gives permission to BMSSP to use photographs and audio and/or video recordings of the Participant for fundraising and/or marketing purposes. On occasion, with permission, Participant photographs may be included in promotional videos, websites, program brochures, newsletters, fundraising or flyers. BMSSP respects the privacy of its Participants and does not allow unauthorized visitors to photograph or video the camp or its Participants.

In consideration of my child being allowed to participate in GENEX activities, I hereby forever release, acquit, discharge and covenant to hold harmless GENEX, its officers, directors, trustees, employees, organizers, sponsors, and persons transporting my child to and from such activities, from any and all actions, causes of actions and claims of liability of any description growing out of, directly or indirectly, all known and unknown personal injuries or property damage, including but not limited to claims related to transportation, accommodations and/or activities in which my son or daughter may participate,. This waiver covers all claims or causes of actions which I have as a parent of my child or which my child has or hereafter may acquire before or after she has reached her majority resulting from his or her participation in the GENEX activities. I acknowledge that I am the parent or legal guardian of the child described above with legal authority to grant this consent/permission and waiver.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date