

**Child Name:** \_\_\_\_\_ **Embedded Coding with Arduino for Kids 2017 Age:** \_\_\_\_\_

**Child**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

**Parent/Guardian - Contact Information**

**Parent/Guardian #1**

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Parent/Guardian #2**

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_ Daytime phone \_\_\_\_\_

Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Child lives with: \_\_\_\_\_

Person responsible for payment \_\_\_\_\_

**Pickup/Release**

**Contact #1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

**Contact #2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**Medical Release Information**

**Insurance Information**

Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Will medication need to be distributed?

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

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

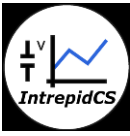
Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special dietary needs?

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

Other medical conditions/special needs:

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



Child Name: \_\_\_\_\_ Embedded Coding with Arduino for Kids 2017 Age: \_\_\_\_\_

**In case of medical emergency contact:**

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials \_\_\_\_\_

I understand that the **Embedded Coding with Arduino for Kids 2017 or its affiliates** will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials \_\_\_\_\_

**TUITION INFORMATION - \$100.00 (USD) - Course fee includes expert instruction, lunch each day, and your own AdaFruit AdaBox 1 & AdaBox 2.**

**Please circle how you heard about the Embedded Coding with Arduino for Kids 2017.**

Company \_\_\_\_\_ Website \_\_\_\_\_ School \_\_\_\_\_ Word of Mouth \_\_\_\_\_ Flyer \_\_\_\_\_ Other \_\_\_\_\_

**Terms of Agreement**

**Photo Release**

I hereby give permission for my child to be photographed during the **Embedded Coding with Arduino for Kids 2017**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of **Embedded Coding with Arduino for Kids 2017** and its affiliates.

Parent's/Guardian's Initials \_\_\_\_\_

Intrepid Control Systems, Inc. is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

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