

TSoG MENTORSHIP ENROLLMENT

Select Program:

_____ Copernicus Program – 7th - 8th grade students

_____ Kepler Program – 9th - 11th grade students

Enrollment start date:

Student Information

First _____ Middle _____ Last _____

Gender: Male ___ Female ___ Birth date ___/___/___ Current Grade _____

School Name _____ Expected HS Graduation Year _____

Home Street Address _____

Town/City _____ State _____ Zip code _____

Student Cell Phone _____ Student E-mail _____

May we text for class updates/weather closings? (Y/N) _____

To which racial or ethnic group do you most identify?
(select one)

- African American (non-Hispanic)
- Asian/Pacific Islanders
- Caucasian (non-Hispanic)
- Latino or Hispanic
- Native American or Aleut
- Multiracial
- Other _____

How did you hear of TSoG?

- University website or summer program
- High School science teacher or guidance counselor referral
- Google search
- Attended a fundraising or outreach event
- Referred by:

*Race and ethnicity data is used for statistical diversity reporting only.

Does the student have any dietary considerations?

Yes ___ No ___ If yes, please explain: _____

Primary Parent/Guardian - Contact Information

First _____ Last _____ Ms. Mrs. Mr. Dr. Other _____

Work Phone _____ Cellphone _____

(if different from page 1) Home Street Address _____

Town/City _____ State _____ Zip code _____

May we text for class updates/weather closings? (Y/N) _____

E-mail _____

Secondary Parent/Guardian - Contact Information (optional)

First _____ Last _____ Ms. Mrs. Mr. Dr. Other _____

(if different from page 1) Home Street Address _____

Town/City _____ State _____ Zip code _____

Work Phone _____ Cellphone _____

May we text for class updates/weather closings? (Y/N) _____

E-mail _____

Emergency Contact Information

Person other than parent/guardian(s) listed above

First Name _____ Last Name _____

Cell Phone _____ Email _____

Relationship to Student _____

WAIVER OF LIABILITY

READ CAREFULLY BEFORE SIGNING

I grant permission for my child to participate as a student member at The Shoulders of Giants, Inc laboratory. I understand and have advised my child that in order to participate in this program my child must at all times abide by the rules, directives, and procedures established by the program staff.

The Shoulders of Giants, Inc. reserves the right to dismiss a child from the program for disruption or failure to follow safety or program instructions. I hereby acknowledge my awareness that my child's participation in this program may expose my child to risk of property damage, bodily or personal injury, including injury that may prove fatal. I understand that the risks, which my child may be exposed, include, but are not limited to risks associated with science laboratory work and other risks that may not be foreseeable. I knowingly and freely assume any and all such risks and allow my child to voluntarily participate in this program. In exchange for the use of equipment, materials, supplies and for my child being allowed to participate in this program, I hereby release and forever discharge The Shoulders of Giants, Inc., their members individually and their officers, and employees from any and all claims, demands, rights, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my child's participation in this activity. I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against The Shoulders of Giants, Inc., the board of directors, its members individually, their volunteers, and employees for any claim for damages arising or growing out of my child's participation.

This consent is given freely and voluntarily by me without coercion, duress, threat or promise of any kind. I certify that I understand and have read the above carefully before signing.

Parent's/Guardian's Signature: _____

Date _____

Printed Name of Parent/Guardian: _____

TERMS OF AGREEMENT

READ CAREFULLY BEFORE SIGNING

Photo Release: I hereby give permission for my child to be photographed during their participation as a student member. I understand any photos taken of my child will be used to develop a record of activities, to be shared during presentations and/or reports to our interested parties and/or for print and Internet promotional purposes. I understand that although my child's photograph may be used for promotional purposes, his or her identity will not be disclosed, I do not expect compensation for use of any photographs and that all photographs taken become the property of The Shoulders of Giants, Inc and its affiliates.

Parent's/Guardian's Initials _____

The Shoulders of Giants, Inc. and its co-organizers are not responsible for lost or damaged personal property. 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.

Parent's/Guardian's Signature: _____

Date _____

Printed Name of Parent/Guardian: _____

MEDICAL RELEASE FORM

Parent/Legal Guardian's Name: _____

Address: _____

Phone Numbers: Work _____

 Cell _____

 Other _____

List all known medical conditions, including food allergies, and/or drug allergies. In addition, include any and all over the counter and/or prescription drugs taken regularly.

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Physician's Name: _____

Address: _____

Phone Numbers _____

Dentist's Name: _____

Address: _____

Phone Numbers _____

Primary Insurance Company: _____

Phone Numbers _____

Billing Address _____

Policy Holders' Name _____

Policy Holder's Address _____

Relationship to student _____

ID # _____ Group/Policy # _____

Statement of Consent:

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to my child, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. I understand that The Shoulders of Giants, Inc. will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Signature: _____ Date: _____