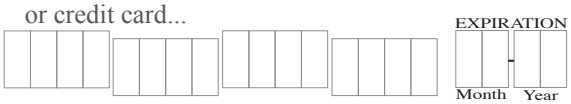
2010 Registration

Date(s)_____

_____

Tuition Payment -cash $_____, Check# _____,
or credit card...



Student /s_____

_____

Age(s)_____ School(s)_____

Parent /s_____

Email/s_____

Home Address_____

_____ zip_____

Phone # s_____

_____

If parent/s cannot be reached, call:

Name_____

Phone # s_____

Relationship_____

Doctor's Name & Phone: _____

_____

Waiver of Liability: I understand OSE / CSF is not responsible for accidents that may happen. We expect students to use common sense, have good health and behavior, follow directions and practice safety. Photos and video might be taken for family gifts or our scrapbook. In case of emergency I give permission for my child(ren) to get medical treatment. At Irvin's discretion if behavior becomes a problem a student might be dropped, and tuition can be lost. Dress for weather and location. Report medication. Mail this form with checks or call with a credit card. Spaces can be open on the event day - **call to confirm.** There is a 20% fee to change dates. The cancel policy is an 80% refund with 21+ days notice; and a 50% refund within 8-20 days; within a week there is no refund. Make checks to "OSE". Pictures or video are sometimes taken as family gifts or for fliers. We have the utmost repect for family privacy. **Pick up students before 4:15 pm.** Late pick up can cost $1 per minute.

_____ / /10
signature required

Outdoor Science Exploration /Classroom Science Fun
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