

BIG Little Science Centre – Robotics Club
655 Holt Street
2:45 pm to 4:30 pm

Registration and Consent Form Winter 2019

Name of Club Member: _____ Birth date: _____ Grade as of Sept 2019: _____

Medical Concerns (allergies, health issues, behavioral concerns, medication currently in use, other):

CARE Card #: _____ Doctor's Name: _____ Doctor's Phone #: _____

Printed name of Parents/Guardians: _____

Contact Phone Numbers: work: _____ home: _____ cell: _____

Address of Parents/Guardians: _____

Email address: _____

Local contact name, address and phone number if from out of town: _____

Name of Emergency Contact: _____

Emergency Contact Phone #'s: work: _____ home: _____ cell: _____

Address of Emergency Contact: _____

People allowed to pick up your child at end of day: _____

Please check one box per session signed up for:

Price:

Robotics – Thursdays, 10 weeks Jan 10th to Mar 14th \$120.00

For Office Staff to Fill In:

Subtotal: _____

BLSC Members (\$5 per session)

Discount: _____

Total: _____

Method of Payment:

Cheque Cash Debit Credit

Permissions

- I hereby give permission to have pictures taken of my child in the program setting for general record-keeping.
Yes No
- I hereby give permission to have pictures taken of my child in the program setting for publicity purposes, newsletters.
Yes No
- In case of accident or illness, if a parent or guardian cannot be reached, we will take your child to the emergency ward of the nearest hospital. Signing the consent form gives your authorization for emergency health services.**

The BIG Little Science Centre Robotics Club is preparing a variety of scientific projects and experiments for the members.

I, _____ (**name of Parent or Guardian**) understand that activities of this type expose the students participating to elements of risk. Accidents may occur while participating in these activities. The BIG Little Science Centre employees have been trained in both WCB Level 1 First Aid and Workplace Hazardous Materials Information System (WHMIS) courses. We will take all necessary and appropriate safety precautions and will attempt to minimize any associated risks. These accidents may cause injury. Examples of injury which may occur while participating in this type of activity include:

- Sports related injuries from participating in games and activities.**
- Cuts from sharp objects or cutting utensils used.**
- Injuries resulting from improper use of a variety of chemicals.**

Accidents can be a result of the nature of the activity and can occur without fault on either part of the student, of the BIG Little Science Centre Club Program or its employees or agents. By allowing your son/daughter to participate in this activity you are accepting the risk of accident occurring.

I give _____ (**name of club member**) permission to participate in the BIG Little Science Centre's Robotics Club and/or 3D Design Club.

The information in this application is correct and I am the parent or guardian of

_____ (**name of club member**). I hereby have read and agree to all terms and conditions on this application.

Parent/Guardian Signature: _____ Date: _____

Signed by Witness (19 years or older): _____ Date: _____

Printed name of Witness: _____

Address of Witness: _____

Please sign up by phone, email, mail or in person.

**Registration requires the completion of both pages of this form and full payment.
Payment may be provided over the phone and forms may be sent to susan@blscs.org**

BIG Little Science Centre is located at 655 Holt Street, Kamloops, BC
250-554-2572 Susan@blscs.org
www.blscs.org

**MAILING Address: BLSC Club Registration
PO Box 882, Station Main
Kamloops, British Columbia V2C 5M8**