



# 2017 Owensboro Youth Science Summit



Saturday July 29, 2017

Your student will not be admitted to the Youth Science Summit without this completed form.

## STUDENT INFORMATION

Student's Name		M <input type="checkbox"/> F <input type="checkbox"/>	Age	Grade
Guardian's Name				
Address		City, State, Zip		Home Phone
Cell Phone (please include a 2 <sup>nd</sup> number)		Email Address		
School	How did you hear about the Youth Science Summit?			

## EMERGENCY CONTACT INFORMATION

Please list any medical or behavioral considerations that we should be aware of, including but not limited to allergies, medications, or physical challenges. Please note that Kentucky Science Center staff will not administer medication to any child. The Science Center is unable to provide one-on-one attention for any child.

Emergency Contact (Other than Guardian)		Relationship		
Emergency Contact (Other than Guardian)	Relationship	Phone (#1)	Phone (#2)	

## STUDENT DROP OFF/PICK UP INFORMATION

Please check which option applies to your student:

\_\_\_\_\_ My student is authorized to drive themselves to and from the Youth Science Summit

\_\_\_\_\_ I will be dropping off/picking up my student from the Youth Science Summit

\_\_\_\_\_ My student will arrive/leave the Youth Science Summit with someone other than myself \*If your student will be arriving/leaving with someone other than yourself, please provide their contact information below. This authorizes their pickup of your student.

\_\_\_\_\_ My student will be arriving by another means of transportation (walking, bike, public transportation, cab, etc.) and I authorize them to arrive and leave of their own accord.

Name	Relationship	Phone
Name	Relationship	Phone

**PERMISSION FORM**

STUDENT'S NAME:

I, \_\_\_\_\_ give permission for \_\_\_\_\_ to participate in Kentucky Science Center's Youth Science Summit on Saturday July 29, which will take place at Brescia University and surrounding sites. I understand that the student named above will be supervised at all times by the Science Center staff and must follow all rules and regulations stated by the Science Center. I further agree to release liability of the Science Center & Brescia University for bodily injury or property damage that might occur during this event and understand the Science Center/Brescia is not responsible for lost/damaged personal items.

Guardian Signature	Date	Relationship
Student Signature	Date	

**PHOTO RELEASE**

I authorize Kentucky Science Center to use my student's photograph for education, advertising and PR purposes.

Guardian Signature	Date
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