



# STEMERALD CITY

## S.T.E.M. Coaching Services Registration Form

3400 Walsh Parkway Suite 228, Fayetteville, N.C. 28311 (910-578-8283)

Student Name \_\_\_\_\_

Name of School \_\_\_\_\_ Town: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Work# \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Cell# \_\_\_\_\_ Phone \_\_\_\_\_

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Please check if applicable:

\_\_\_\_\_ It is NOT necessary for my child to take ANY medication during the program

\_\_\_\_\_ My child carries an EpiPen for \_\_\_\_\_ allergy.

\_\_\_\_\_ My child will need to carry an inhaler.

Health issues we need to be aware of: Include all allergies

\_\_\_\_\_  
\_\_\_\_\_

### Medical Waiver:

I hereby authorize the personnel in charge of this program to obtain medical care and/or hospitalization should illness or accident occur while my child is engaged in this program. I accept the responsibility for payment of any medical expenses. We release and hold harmless the staff and volunteers of STEMERALD City LLC from any liability and/or responsibility for any damages or injuries sustained by our child while under your care, not caused by the lack of due care by the STEMERALD City LLC, its agents, volunteers or employees duly authorized.

### Liability Waiver:

As parent/guardian of the above named individual, I hereby absolve all coaches, administrators and participants in this program from all liability and will not hold them responsible for any injury incurred during session.

### Photo Release Form for Minors (if under 18)

\_\_\_\_\_ STEMERALD City LLC has my permission to use my or my child's photograph publically to promote STEM programs by STEMERALD City LLC. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

### Photo Release Form for Adults

\_\_\_\_\_ STEMERALD City LLC has my permission to use my photograph publically to promote STEM programs by STEMERALD City LLC. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

**Coaching Sessions**

\_\_\_\_\_ I understand that the coaching sessions are one on one sessions. The sessions are conducted in person or via video conferencing technology. Sessions can only be cancelled with at least a 24 hour written notice. There are no refunds once payment has been received. Your child must have access to a computer with an internet connection, a headset microphone a webcam and audio capabilities for each session. Each session will last a minimum of one hour.

Parent/Guardian /Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Email (print clearly) \_\_\_\_\_