



STEMERALD CITY

S.T.E.M. Saturday Academy 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 _____

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.

Saturday Academy Sessions

_____ I understand that the sessions are conducted one Saturday a month.. Sessions can only be cancelled with at least a 24 hour written notice. There are no refunds once payment has been received. Each session will last a minimum of four hours

Parent/Guardian /Student Signature _____ Date _____

Email (print clearly) _____