

Waquoit Bay Summer Science School

Registration Form 2019

Student's name _____ Sex: M F

Date of birth: _____ Student's grade in school for Fall 2019: _____

Name of parent or guardian: _____

Phone Number: (Home) _____ (Cell) _____

Please provide the name of two people the Science School Staff can call in case of an emergency:

1. Name _____ Phone: _____

2. Name _____ Phone: _____

Child's Doctor: _____ Doctor's phone _____

Insurance Carrier: _____ Insurance ID # _____

Is there anything about your child we should know: (Allergies, unusual fears, other health concerns)

In case of an emergency, if the Science School staff cannot reach the emergency guardian or me by phone, I hereby authorized the Science School staff to take emergency care of my child.

Parent Signature: _____ Date: _____

PHOTO WAIVER:

I understand that my child's photograph may be taken during his/her participation at Waquoit Bay Summer Science School and I give permission for Waquoit Bay Summer Science School to use photos for publicity purposes such as the School's website and for display at the Waquoit Bay Reserve.

Parent Signature: _____ Date: _____

Email to: waquoitbaysscienceschool@gmail.com or send to PO Box 3522, Waquoit, MA 02536



Waquoit Bay Reserve
Summer Science School
"Learn, Explore, Protect"