

AWESOME ACTIVITY WEEK · REGISTRATION FORM 2009

(Use this form only for Programs on our website that are listed as follows:

Location: "Town Name"— Mad Science"

To register for all Other Programs Please Call the Phone Number listed for the program you're interested in.)

Child's Name: _____ Birthday: _____/_____/_____

School: _____ Entering Grade: _____ Parent Email: _____

Parent: _____ Phone (H): _____ Phone (W): _____ Phone (C): _____

Parent: _____ Phone (H): _____ Phone (W): _____ Phone (C): _____

Address: _____

Emergency Contact: _____ Phone: _____ Relation: _____

Mad Science must have an emergency contact other than a parent in order to process your registration

My child will be picked up by: _____ Phone: _____

Please list any health concerns: _____

Location: _____ Program: _____ Dates: _____ Time: _____ Amount: _____

Location: _____ Program: _____ Dates: _____ Time: _____ Amount: _____

Location: _____ Program: _____ Dates: _____ Time: _____ Amount: _____

Payment: [] Check, make payable to: **Mad Science** , Return to: **PO Box 1265, Northampton, MA 01061** **TOTAL:** _____

[] MC/VISA _____ - _____ - _____ Exp: _____ Name: _____

I, the undersigned, attest I am the legal guardian of the above named child and agree to allow him/her to participate in the above listed program(s). I further agree to hold harmless the staff, administrators, and official assistants and to absolve them from any liability arising from my child's participation in this activity.

Signature: _____

Please complete and sign this registration form and return it with your payment. Registration fees are non-refundable after June 15, 2009. For cancellations after June 15, 2009 credit may be granted for future Mad Science programs at the discretion of Mad Science. Prior to June 15, cancellations will be processed less a \$50 processing fee. Payment plans are available. Call for details.