

Youth Programs Application Summer of Service (SOS) 2010

Children's Discovery Museum of San Jose
180 Woz Way, San Jose, CA 95110
(408) 298-5437 ext. 243
fax: (408) 298-6826
e-mail: sos@cdm.org



Participant's Information

NAME					HOME PHONE						
ADDRESS		STREET		CITY		STATE		ZIP			
DATE OF BIRTH				E-MAIL							
SCHOOL					GRADE IN FALL 2010		GENDER: <input type="radio"/> MALE <input type="radio"/> FEMALE				
ETHNIC BACKGROUND (MARK ALL THAT APPLY)		<input type="radio"/> AFRICAN AMERICAN	<input type="radio"/> ASIAN	<input type="radio"/> LATINO	<input type="radio"/> NATIVE AMERICAN	<input type="radio"/> PACIFIC ISLANDER	<input type="radio"/> WHITE	<input type="radio"/> OTHER			
T-SHIRT SIZE (select one) (Each member receives an SOS T-shirt)		<input type="radio"/> Youth XS	<input type="radio"/> YS	<input type="radio"/> YM	<input type="radio"/> YL	<input type="radio"/> YXL	<input type="radio"/> Adult S	<input type="radio"/> AM	<input type="radio"/> AL	<input type="radio"/> AXL	<input type="radio"/> AXXL

Parent/Guardian Information

NAME					HOME PHONE				
ADDRESS		STREET		CITY		STATE		ZIP	
EMPLOYER				WORK ADDRESS/STREET/CITY/STATE/ZIP					
WORK PHONE			PAGER/CELL PHONE			E-MAIL			

Parent/Guardian Information

NAME					HOME PHONE				
ADDRESS		STREET		CITY		STATE		ZIP	
EMPLOYER				WORK ADDRESS/STREET/CITY/STATE/ZIP					
WORK PHONE			PAGER/CELL PHONE			E-MAIL			

HOW DID YOU FIND OUT ABOUT SUMMER OF SERVICE?
(please be specific)

--

After the conclusion of the SOS program, we would like to communicate with you regarding future opportunities with Youth Programs at CDM. Which of the above email addresses should we use?

--

I understand that during a program my child may be transported to service sites and/or field trip destinations by Valley Transit Authority Light Rail, San Jose Municipal Bus, Cal-train, Charter Bus, Museum van, or may walk to a site. Youth Programs participants will always be accompanied by qualified, trained facilitators.

PARENT/GUARDIAN SIGNATURE					DATE				
---------------------------	--	--	--	--	------	--	--	--	--



SOS Pick a Team

Children's Discovery Museum of San Jose
 180 Woz Way, San Jose, CA 95110
 (408) 298-5437 ext. 243
 fax: (408) 298-6826
 e-mail: sos@cdm.org



PARTICIPANT'S NAME

Here's the fun part – picking your team! We will do our best to place you on the team of your choice, and will notify you if your first and second choice teams are full.

1 Select your team

In the following table, choose in which Session(s) you want to participate. Put a 1 in the box of your first choice team, and a 2, 3, and 4 in the boxes of your preferred alternates. Please note, the Striped Team is not offered for Session 1.

Team	Session 1	Session 2	Session 3	Session 4
	6/21 – 7/2	7/5 – 7/16	7/19 – 7/30	8/2 – 8/13
Green Environment & Ecology				
Orange Early Childhood Education				
Purple Museum and Media				
Striped 10th Grade Team				
Full Payment Is Due by:	6/7	6/21	7/5	7/19

NOTE:
 If you are attending more than one session, we'd like you to sample more than one team by choosing a different first choice each session.

2 Calculate your payment

The \$100 non-refundable deposit fee counts towards your total payment, and is not additional. If you choose to pay the deposit only, we will send you a receipt with the balance due. Please note that full payment for each session is due two weeks prior to the session start. Please contact the Youth Educator for questions about financial assistance.

Payment Table				
		Number of Sessions		Total
Deposit Only	\$100 x	<input type="text"/>	=	<input type="text"/>
Museum Member Price (includes \$100 deposit)	\$400 x	<input type="text"/>	=	<input type="text"/>
Non-Member Price (includes \$100 deposit)	\$425 x	<input type="text"/>	=	<input type="text"/>
Extended Care	\$150 x	<input type="text"/>	=	<input type="text"/>
Multiple Session Discount (first session at regular price, additional sessions discounted)	\$25 x	<input type="text"/>	=	<input type="text"/>
Total Due				<input type="text"/>

3 Make your payment

VISA MASTERCARD
 CHECK MONEY ORDER

PARENT/GUARDIAN NAME

DAYTIME PHONE

E-MAIL

Checks and money orders should be made payable to **Children's Discovery Museum of San Jose.** If using a credit card, please complete the following information:

ACCOUNT #

EXPIRATION

NAME AS IT APPEARS ON CARD

SIGNATURE





Medical Release Form

I, _____, the parent or guardian of _____, authorize treatment to begin, pending contact with me, should my child be injured during the course of participation in Youth Programs. In the event of an emergency, I understand that my child will be transported to the nearest possible medical treatment center.

Please list below any known allergies, medications, medical conditions, and/or special needs of the participant:

IMPORTANT!



I am enclosing a copy of the youth's most recent TB test results.
Please note that test results are required for program participation.

Test must be recent within three years. (Should be dated 9/2004 or after.)
If your child does not have a recent TB test, please contact the program coordinator.

FOR EMERGENCIES, PLEASE CONTACT:

NAME		HOME PHONE		
ADDRESS	STREET	CITY	STATE	ZIP
EMPLOYER		WORK PHONE		
WORK ADDRESS	STREET	CITY	STATE	ZIP
CELL PHONE	PAGER	E-MAIL		

Alternate Contacts (please list two contacts)

NAME		HOME PHONE
ADDRESS		WORK PHONE/CELL
NAME		HOME PHONE
ADDRESS		WORK PHONE/CELL

If my child needs to take medication during the day, I understand that it must be in its original container, complete with instructions as to time and amount of dosage. My signature below authorizes Youth Programs staff to administer such medication as prescribed.

My permission is hereby given to the Youth Programs staff to authorize by his/her signature whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency involving the above-named minor.

My signature below indicates that I have read and understand all of the above.

SIGNATURE	DATE
-----------	------



Liability Release Form

I, the parent or guardian of _____, a minor, agree to allow such minor to participate in Youth Programs at Children's Discovery Museum of San Jose (CDM), including associated travel.

I am aware that this activity is potentially dangerous, and I am voluntarily allowing such minor to participate in this activity with the knowledge of the risks involved, both expected and unexpected. I waive any claim for damages and hereby agree to accept any and all risks of loss or injury.

In return for the benefits provided to such minor, I agree not to sue and hereby release and agree to hold harmless Children's Discovery Museum of San Jose and its employees, agents and volunteers from liability, responsibility for any loss or injury and any claim for damages connected with such minor's participation in this activity.

This release is intended to protect Children's Discovery Museum of San Jose, its employees, agents and volunteers from any claims for injury, death or property, or any other damage against CDM.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability, hold harmless agreement, and assumption of risk and that it is a legally binding contract between the Children's Discovery Museum of San Jose and me. I further understand that this release is binding on my heirs or anyone making a claim. I sign of my own free will.

PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE



Internet Use Agreement

As a Youth Programs participant, you may have access to the Internet in the CDMedia Studio. Children's Discovery Museum of San Jose (CDM) encourages the safe and productive use of the Internet as a resource and a forum for your interests. The smooth operation of the network depends upon the proper conduct of its users who must follow simple, yet serious guidelines. The basic rules are provided here to make you aware of the responsibilities you assume by using the Internet at CDM.

Please read them carefully and discuss the information with your parents. Please keep in mind that access to the network is a privilege, not a right. You and your parent's/guardian's signatures indicate your understanding of the expectations and your agreement to follow them.

- 1. Network Etiquette and Privacy.** The same rules that apply to how you talk, write and behave during program hours apply to your time on the Internet. For example:
 - a. Be polite – Never send, or encourage others to send threatening or abusive messages.
 - b. Use appropriate language – You are a representative of CDM and Youth Programs on a public system. Do not use profanity or vulgarities. Illegal activities of any kind are strictly forbidden.
 - c. Privacy – Do not reveal any personal information, including your home address or personal phone numbers, or those of any other program participants or CDM staff.
 - d. Disruptions – Do not use the network in any way that would disrupt use of the network by others.
- 2. Acceptable Use.** Use of the Internet in the CDMedia.Studio must be in support of, and consistent with, the educational goals and objectives of CDM Youth Programs.
- 3. Personal Responsibility.** Users are required to report any misuse of the network or inappropriate Web sites to any Youth Programs leader or CDM staff. Misuse may come in any form and commonly includes activities that violate the rules listed in 1 and 2 above.
- 4. Services.** CDM makes no guarantees of any kind for the Internet service it is providing. CDM will not be responsible for any damages suffered while on this system. These damages may include loss of data as a result of delays, non-deliveries, mis-deliveries, or service interruptions caused by the system or your errors or omissions. Use of any information obtained from the information system is at your own risk. CDM specifically denies any responsibility for the accuracy of information obtained from the Internet.
- 5. Security.** Security on any computer system is a high priority because there are so many users. If you identify a security problem, notify a Youth Programs leader immediately. Do not demonstrate the problem to other users. Never use another individual's account without permission. Any user identified as a security risk will be denied access to the Internet.
- 6. Vandalism.** Vandalism is defined as any malicious attempt to harm or destroy data of another user or any other agencies or networks that are connected to the system. This includes, but is not limited to, the uploading or creation of computer viruses. Vandalism may result in the loss of computer service, disciplinary action, and legal referral, depending upon the situation.

I understand and will follow the guidelines and rules of this agreement. I will only use the computer system as authorized by the guidelines and rules, and as directed by a Youth Programs leader or supervising adult. I also agree to report any misuse to my program leader or supervising adult.

PARTICIPANT SIGNATURE

DATE

As the parent or guardian of the Youth Programs participant, I have read this contract and understand the use of the network is to be restricted to educational purposes. I understand that Children's Discovery Museum of San Jose will make every effort to supervise program participants using the Internet, but that it may still be possible for youth to access controversial materials, and I will not hold CDM responsible for materials accessed on the network.

I accept full responsibility for supervision when my child's use is not in a program setting, and I give permission for my child to use the Internet at CDM.

PARENT/GUARDIAN NAME

DATE

PARENT/GUARDIAN SIGNATURE



Internet, Photograph, and Video Release Form

Children's Discovery Museum of San Jose
180 Woz Way, San Jose, CA 95110
(408) 298-5437 ext. 243
fax: (408) 298-6826
e-mail: sos@cdm.org



Children's Discovery Museum (CDM) is pleased to offer technology programs for young adolescents. These programs may include Web, photo, and video publishing. Because your child is choosing to participate in this CDM activity, his/her work may be posted on the Internet. CDM is committed to adhering to the mandates of the Children's Online Privacy and Protection Act.

A copy of CDM's privacy policy may be found at <http://www.cdm.org/privacy>

I, _____, give my consent to Children's Discovery Museum to post the work of _____ (minor's name) on the Internet. I understand that this work becomes the property of CDM and that said minor will receive no financial compensation.

I also authorize and give full consent to Children's Discovery Museum of San Jose to photograph and/or videotape, and to display all photographs and/or publish digitally and/or in print, in which my child appears.

I agree further that Children's Discovery Museum of San Jose and its partners and funders may use the photographs or video images without limitation or reservation, or compensation. Information that I provide will be held confidential, and will be used only to confirm my permission, if needed.

PARENT/GUARDIAN NAME				
ADDRESS	STREET	CITY	STATE	ZIP
HOME PHONE	E-MAIL			
PARENT/GUARDIAN SIGNATURE			DATE	



Transportation Release Form

IMPORTANT!

This form only needs to be signed if the youth will be traveling to and from Children's Discovery Museum of San Jose alone. It does not include travel during program hours.

The following is a permission form that allows your youth to travel to and from Children's Discovery Museum of San Jose (CDM) without the accompaniment of a parent or guardian.

Youth should arrive at CDM for his/her program no more than 15 minutes before or after the session begins.

Permission

I give my permission for _____ to arrive and depart from the Youth Programs at Children's Discovery Museum of San Jose without the supervision of a parent or guardian.

My youth will be traveling via:

LIGHT RAIL

CITY BUS

WALKING

OTHER – PLEASE SPECIFY: _____

By signing this form I understand and agree that Children's Discovery Museum of San Jose and the staff of the program in which my child is enrolled are not responsible for any claims for injury, death, or property damage incurred before or after program hours.

PARENT/GUARDIAN NAME

DATE

SIGNATURE