

Youth Programs Registration Form

Summer of Service (SOS) 2018

Children's Discovery Museum of San Jose
180 Woz Way, San Jose, CA 95110
(408) 673-2833
fax: (408) 298-6826
sos@cdm.org



Participant's Information

NAME

PARTICIPANT'S EMAIL

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

SCHOOL

GRADE IN FALL 2018

GENDER: FEMALE ☐
MALE ☐

PARTICIPANT'S PHONE

ETHNIC BACKGROUND

(PLEASE MARK ALL THAT APPLY)

AFRICAN
AMERICAN

☐

ASIAN

☐

INDIAN

☐

LATINO

☐

NATIVE
AMERICAN

☐

PACIFIC
ISLANDER

☐

WHITE

☐

OTHER

☐

T-SHIRT SIZE (select one)

Youth S

YM

YL

Adult S

AM

AL

AXL

(Each member receives one SOS T-Shirt)

☐☐☐☐☐☐☐

Parent/Guardian Information

NAME

EMAIL

ADDRESS

STREET

CITY

STATE

ZIP

EMPLOYER

WORK ADDRESS/CITY/STATE/ZIP

MOBILE PHONE (__check if Primary)

BUSINESS PHONE (__check if Primary)

HOME PHONE (__check if Primary)

Parent/Guardian Information

NAME

EMAIL

ADDRESS

STREET

CITY

STATE

ZIP

EMPLOYER

WORK ADDRESS/CITY/STATE/ZIP

MOBILE PHONE (__check if Primary)

BUSINESS PHONE (__check if Primary)

HOME PHONE (__check if Primary)

How did you find out about Summer of Service? (Please be specific)

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, CalTrain, Charter Bus, Museum van, or may walk to a site.

Youth Programs participants will always be accompanied by qualified, trained facilitators. Children's Discovery Museum has my permission to contact me via e-mail at the above address(es) regarding program information.

PARENT/GUARDIAN SIGNATURE

DATE



Choose your team!

PARTICIPANT NAME _____

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.

Team	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
	6/25 – 6/29	7/2 – 7/6	7/9 – 7/13	7/16 – 7/20	7/23 – 7/27	7/30 – 8/3
Green Environment & Ecology						
Orange Early Childhood Education						
Purple Museum and Media						
Red Community Outreach						
Striped 10th Grade Team						
Full Payment Is Due by:	6/18	6/25	7/2	7/9	7/16	7/23

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

Payments are due in full. A \$50 processing fee will be charged for any cancellations.

Payment Table					
		Number of Sessions		Total	
___ One Session	\$300 x	<input type="text"/>	=	<input type="text"/>	
or					
___ Multiple Sessions	\$300 x	<input type="text"/>	=	<input type="text"/>	
Multiple Session Discount	-\$25 x	<input type="text"/>	=	<input type="text"/>	
Extended Care:	\$75 AM/PM	<input type="text"/>	=	<input type="text"/>	
Total Enclosed				<input type="text"/>	

3) Make your payment

☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ CHECK

ACCOUNT NUMBER _____

EXP DATE _____ SECURITY CODE _____

NAME AS IT APPEARS ON CARD _____

PHONE NUMBER _____



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, or medical conditions. Also include any special needs or considerations of which the staff should be aware.

A current TB test is required for program participation. (Recent within 2 years, dated 9/2016 or after.)

- ☐ I acknowledge that I must provide a current TB test by the first day of my session.
(Please note, TB skin tests require 48-72 hours to be read.)

In Case of Emergency (who should be contacted first?)

NAME	PRIMARY PHONE
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ADDRESS	CITY	STATE	ZIP
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EMPLOYER	WORK PHONE
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Alternate Contacts (please list two contacts)

NAME	PRIMARY PHONE
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ADDRESS	CITY	STATE	ZIP
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NAME	PRIMARY PHONE
------	---------------

ADDRESS	CITY	STATE	ZIP
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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.

PARENT/GUARDIAN SIGNATURE	DATE
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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.

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 SIGNATURE

DATE



Internet, Photograph, and Video Release Form

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 further give permission and consent that any such photographs may be published and used by Children's Discovery Museum and the American Camp Association® and its agents, to illustrate and promote the camp experience, Children's Discovery Museum, and its camp programs, or the American Camp Association.

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 SIGNATURE

DATE



Transportation Release Form

IMPORTANT!

Participants should arrive no more than 15 minutes before the program begins, or be picked up no more than 15 minutes after the program ends, unless enrolled in Extended Care.

☐ My Youth will be **dropped off and picked up from Children's Discovery Museum by his/her parent.**

☐ My Youth will be **traveling to and from Children's Discovery Museum alone or via carpool.**

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

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/Biking ☐ Carpool

If carpooling, please enter names of carpool (Note, all families involved in carpool must have a transportation release on file):

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 SIGNATURE

DATE