

Science in the Park

Online STEAM Workshops

Registration Form

Child's Name _____
Last _____ First _____ Middle Initial _____
Date of Birth (mm/dd/yy) _____ Gender: _____ M _____ F _____ Grade _____
Address _____ City _____ State _____
Zip Code _____ Telephone _____
Parent/Guardian's Name _____
Parent/Guardian e-mail (optional) _____

Parental Consent/Registration Form

I hereby register and give my child, _____, permission to participate in the online *Science-in-the-Park Workshops*, meeting on selected days from April 12th - June 26th. on the following days (Check all that are applicable): [] (Circle days of week) M, T, W, TH, F,

I hereby absolve and hold harmless Eastern Queens Alliance, Inc., its subsidiaries and affiliates, directors, employees and officers from any and all liability for any injuries or unforeseen negative impacts incurred by my child or ward as a result of his/her participation in the online *Science-in-the-Park Workshops*. I understand that this consent and liability waiver shall be legally binding upon me, my child or ward, my heirs, estates or assigns. (Parents may remain with their children during the workshop.)

I understand the workshops will take place online using Google Classroom and PBS Learning Media as the learning platforms.

Parent/Guardian Signature _____ Date _____

*Sponsored by the Eastern Queens Alliance, Inc.
Idlewild Park Preservation Committee*