

George Fox University  
Science Outreach Program  
414 N. Meridian Street  
Newberg, OR 97132

Payment Received:

Confirmation Email:

## GFU Science Outreach Program Registration Form

**Return this form with payment to hold a spot in class. Please use a separate form for each family.**

Student Name: \_\_\_\_\_

Class Name: \_\_\_\_\_ Age: \_\_\_\_\_

Student Name: \_\_\_\_\_

Class Name: \_\_\_\_\_ Age: \_\_\_\_\_

Student Name: \_\_\_\_\_

Class Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

E-mail Address : \_\_\_\_\_

In case of illness or emergency during the course, where can we reach the child's family?

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In case we (parents or guardian) cannot be reached in an emergency, please notify the following:

Name/phone/relation \_\_\_\_\_

List any health restrictions/allergies your child has that you want to bring to our attention. (Attach additional pages if necessary) \_\_\_\_\_

May we use photos of your child for Science Outreach bulletin boards and publications? Yes \_\_\_\_\_ No \_\_\_\_\_

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### Emergency Authorization by Parents or Guardian:

In case of an emergency due to serious illness or accident when I cannot be contacted, I hereby give permission to the university personnel to obligate me for the services of a doctor or dentist.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Do you carry health insurance \_\_\_ Yes \_\_\_ No

Carrier: \_\_\_\_\_ Group # \_\_\_\_\_