

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

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: _____

Home Phone: _____ Parent Cell/Work Phone _____

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 _____

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 # _____