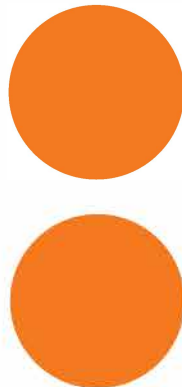


SCIENCE & MORE



XTREME SCIENCE

Through fun and exciting science experiments the hands-on solutions ignite children's natural desire to explore and discover. So much fun they will forget they are learning.



S.T.E.A.M. POWER

Participants will be introduced to all elements in this genre. Building excitement to learn, building skills, and expressing their creative side with STEAM.

SPRING I Session
March 18 - April 20

Cost : \$60 - 75

Ages: 5-12



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GEORGETOWN FAMILY YMCA
3010 Williams Dr. #210
Georgetown TX, 78628
512-615-5599
ymcagwc.org

SCIENCE REGISTRATION FORM

Xtreme Science

Tuesday 5:45p-6:45p

STEAM Power for Girls

Saturday 10:45a-11:45a

PARTICIPANT NAME: _____ GENDER: _____ AGE: _____

ADDRESS: _____ D.O.B: _____

CITY: _____ STATE: _____ /ZIP: _____

PARENT/GUARDIAN NAME(S): _____

PHONE: _____ ALTERNATE PHONE: _____

E-MAIL: _____

Please **INITIAL** or **ANSWER** all lines to indicate received written policies / materials and agree to terms with **SIGNATURE** below.

_____ **ADA Policy (REQUIRED):** Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-on-one care for any child exception an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

_____ **Waiver for Medical Treatment (REQUIRED):** In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize Y staff to make arrangements to transport my child to the nearest hospital emergency facility. I also give my consent for any and all necessary medial treatment, if, in fact my child requires the attention of a physician.

_____ **Waiver for Participation (REQUIRED):** I understand that Y activities have inherent risks and hereby assume all risks and hazards to my child in the participation of these activities. I further waive, release, absolve, and agree to hold harmless the Y, the organizers, volunteers, supervisors, officers, directors, participants from any claims or injury sustained during my child's use of the facilities or participation in the Y program.

_____ **Waiver for Photo / Video / Audio Release (OPTIONAL):** I give my consent for any photos, video and/or audio taken of my child involved in Y programs to be used for Y promotions, trainings and/or displays.

_____ **Change / Cancellation / Refund Policy (REQUIRED):** I understand that changes / cancellations / refunds are not permitted under unless a physicians note is submitted stating the inability to complete the class. A program cancellation form must be completed at the Member Services Desk and are allowed at the discretion of the program director.

_____ **Additional Notes (REQUIRED):** Financial assistance is available for all those who qualify. For any questions, please contact the Georgetown Family YMCA at (512) 615-5599

X Parent /Guardian Signature _____ Date _____

Georgetown FamilyYMCA

3010 Williams Drive, Suite 210

Georgetown, TX 78628

Phone 512-615-5599

ymcagwc.org

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