

Science in the Park

Youth 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 Form

I hereby give my child, _____, permission to participate in the *Science-in-the-Park Workshops*, from _____ on the following days (Check one):

Mon./Weds/Fri from (Check one) 3:30 – 5:00 PM 9:00 AM – 12:00 Noon
 Tues/Thurs, from (Check one) 3:30 – 5:00 PM 9:00 AM – 12:00 Noon
 (Circle days of week) M, T, W, TH, F Time: _____

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 incurred by my child or ward as a result of his/her participation in the *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 mainly in *Idlewild Park Preserve*, a Forever Wild area within the NYC Department of Parks and Recreation and the EQA trailer. Others may be conducted in neighboring *Springfield Park*. As with any of our beautiful, natural areas, I understand that it is important to wear insect repellent to protect against mosquitoes and ticks. I understand that my child should wear appropriate clothing and use insect repellent for workshops in our natural areas.

Parent/Guardian Signature _____ Date _____