**STEM FUN DAY REGISTRATION**

Tuesday, August 16th at the Extension Office

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

Emergency Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age (as of Jan. 1st):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4-H Club:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What time will you be attending? (circle): 9:00 a.m.-12:00 p.m.

1:00 p.m.-4:00 p.m.

Registration fee is $15. Please make checks payable to OSU Extension.

Registrations and fees are due by Monday, August 8th.

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**Informed Consent & Permission to Participate**

STEM Fun Day

**Child/Charge:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Event:** STEM Fun Day **Date:** August 16, 2022

**Location:** Seneca County Extension Office

I give permission for my child/charge (“child”) to participate in the STEM Fun Day at the Seneca County OSU Extension Office. Activities involved in the program may include active movement, getting dirty, small explosions, mixing of household products, and circuits. I understand that my child is expected to follow all rules and is expected to follow the directions provided by the 4-H Educator and adult volunteers giving leadership to the program. I understand that participation in the identified event is not a requirement for participation in the county or state 4-H youth development program.

I understand that my child is not required to participate in this activity, but I grant permission for him/her to do so, despite the possible risks. I recognize that by participating in this activity, as with any physical activity, my child may risk personal injury. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness or other incapacity, regardless of whether I have authorized such expenses.

Parent/Guardian Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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