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

Parent/s (Guardian) Name/s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Contact: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Contact: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies (food and environmental ex: bee stings) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will your student be bringing an Epi Pen to class? Yes\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_

Is there any other information that you would like me to know about your child?

My Child is allowed to walk home after class yes\_\_\_\_\_\_\_\_\_\_\_ no\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student name) to leave class with the following adults:

Mask are required of all participants and adults dropping off and picking up their students.

Please be aware that classes will be taking place on my screened in porch, please dress your student appropriately for the weather. Some activities will take place in my back yard or in the parking lot by the pool and I will work to set up specific stations for social distancing. Students will be reminded of the importance of mask usage and social distancing.

 Please keep your student home if he/she is exhibiting any symptoms of illness including but not limited to: fever, vomiting, diarrhea, cough, runny nose (not related to seasonal allergies). A student’s temperature must be normal without the use of Advil or Tylenol for 24 hours prior to class. If your child is too ill to attend class, I will give you an access code for the virtual class.

Supernova Science, Inc. Release Form

Liability Release and Parental Consent Form In order for my child to participate in the Supernova Science, Inc., I hereby waive, release, and discharge any and all claims for damages for personal injury, and property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance Supernova Science, Inc. its officials, officers, employees, volunteers and agents from liability. It is understood that some science activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

 I give consent for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the above activities, and I execute the above liability release on their behalf.

I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

I give permission for my child’s photograph to be used in advertising on but not limited to social media.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Child’s Name