



**2018 ROOTS & HERITAGE FESTIVAL
YOUTH STEAM SUMMIT
SEPTEMBER 15, 2018**

ENROLLMENT APPLICATION

CHILD'S INFORMATION - #1 (PLEASE PRINT)

CHILD'S NAME _____
LAST FIRST MIDDLE

CURRENT GRADE _____ SCHOOL: _____

ADDRESS

PHONE: _____ DATE OF BIRTH _____ GENDER M F

Does your child have allergies, diet restrictions, or health alerts that we should be aware of? YES NO

Are there any physical conditions or special needs our staff should be aware of? YES NO

CHILD'S INFORMATION - #2 (PLEASE PRINT)

CHILD'S NAME _____
LAST FIRST MIDDLE

CURRENT GRADE _____ SCHOOL: _____

ADDRESS

PHONE: _____ DATE OF BIRTH _____ GENDER M F

Does your child have allergies, diet restrictions, or health alerts that we should be aware of? YES NO

Are there any physical conditions or special needs our staff should be aware of? YES NO

PARENT/GUARDIAN INFORMATION

<u>Parent/guardian #1</u> NAME _____ RELATIONSHIP TO CHILD _____ ADDRESS _____ CITY,STATE,ZIP _____ DAYTIME PHONE/WORK PHONE _____ CELL PHONE _____ EMAIL _____ Allowed to pick up child? YES NO	<u>Parent/guardian #2</u> NAME _____ RELATIONSHIP TO CHILD _____ ADDRESS _____ CITY,STATE,ZIP _____ DAYTIME PHONE/WORK PHONE _____ CELL PHONE _____ EMAIL _____ Allowed to pick up child? YES NO
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EMERGENCY CONTACTS AND PICK UP AUTHORIZATION

Name: _____	Relationship to Child: _____	Phone: _____
Name: _____	Relationship to Child: _____	Phone: _____
Name: _____	Relationship to Child: _____	Phone: _____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the Roots & Heritage Festival, Inc. committees and the Roots & Heritage Festival, Inc. Youth STEAM Summit committees will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Photo Release I hereby give permission for my child to be photographed and videotaped during the Roots & Heritage Festival Youth STEAM Summit. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I hereby waive any right that I may have to inspect and/or approve the finished product or the copy that may be used in connection therewith, wherein my child's likeness appears, or the use to which it may be applied. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos and videos are the property of the Roots & Heritage Festival Youth STEAM Summit and its affiliates.

Parent's/Guardian's Initials _____

CONSENT OF PARENT/GUARDIAN (If Participant is a minor) I am the parent or legal guardian of the participant listed above. I hereby consent that my child may participate in activities at this Roots & Heritage Festival, Inc. Youth STEAM Summit and I hereby execute the Agreement, Waiver and Release on his/her behalf. I hereby affirmatively state that my child is physically able to participate in said activity. This release is intended to discharge in advance the Roots & Heritage Festival, Inc., its officers, committees, volunteers, and sponsors from any and all liability arising out of or connected in any way with my child's participation in activities at the Youth STEAM Summit even though that liability may arise out of negligence or carelessness on the part of those parties. It is understood that activities such as the ones my child will be participating in involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense that I or my child may incur as result of the death or any injury or property damage that my child may sustain while participating in activities at the facility. I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS.

Print Name _____ Relationship _____

Signature _____ Date _____

Return application to:

**Roots & Heritage Festival Youth STEAM Summit
P.O. Box 11712
Lexington, KY 40577-1712**

Or online at info@rootsfestky.com

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