

# Lab Intensive –2014 REGISTRATION FORM

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

Address: \_\_\_\_\_

Street City, State, Zip Code

Family E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_ Alt. number: \_\_\_\_\_

*Fill out registration forms below –1 per student. Indicate Grade for 2013-14 School Year & current age*

1. Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Health Issues (allergies, medications, illnesses)

\_\_\_\_\_

Carpool with which family (if applicable)

\_\_\_\_\_

2. Student's First & Last Name: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Health Issues (allergies, medications, illnesses)

\_\_\_\_\_

Carpool with which family (if applicable)

\_\_\_\_\_

## Fee Summary (\$150/student)

Student 1 \_\_\_\_\_

Student 2 \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

## **Waiver and Release Statement**

I hereby give my permission for my child(ren) listed above to take part in *Patti Jelinek's Lab Intensive*. I authorize any representative of *Patti Jelinek's Lab Intensive* to render immediate first aid to my child and/or to transport him/her to a medical treatment facility and/or to call an ambulance. It is understood that all costs for transportation arrangements and costs associated with examination and treatment are SOLELY at my expense. I further give my permission and authorize any representative of *Patti Jelinek's Lab Intensive* to secure needed medical attention or treatment on the advice of any licensed physician and from a licensed physician, hospital, or medical clinic in the event that I cannot be reached for such permission. I release any representative of *Patti Jelinek's Lab Intensive* as a group or individually from any and all liability for accident, injuries, or loss of life suffered or for efforts to administer first aid for same as a result of involvement with *Patti Jelinek's Lab Intensive* classes and activities. I further understand and agree that in the event that the above-named sons/daughters are involved in activities that violate or compromise the rules, or purposes of *Patti Jelinek's Lab Intensive*, I will pay and accept full responsibility. I understand that I am responsible for how my child arrives and leaves the facility. I have read and understand this Medical Release and Waiver. I accept and assume any and all risks of accident, injury, or loss of life associated with the activities of *Patti Jelinek Science Camps*. This release is valid and irrevocable for the current annual calendar of *Patti Jelinek's Lab Intensive* activities.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Student(s): \_\_\_\_\_

**BRING REGISTRATION FORM, MEDICAL WAIVER & PAYMENT TO:**

Patti Jelinek

## Lab Schedule

### **Thursday, January 2**

10:00 Introduction to the Lab

10:45 Measurement in Lab

11:30 Density

12:15 Lunch

12:45 Acid and Bases

1:30 Weathering & Erosion

2:15 Observing Reactions

3:30 Water World

4:30 Pick up

### **Friday, January 3**

9:00 Intro to Day 2

9:15 Electrical Circuits

10:00 Magnetism

10:30 Acceleration/Velocity

11:15 Sound & Light

12:00 Lunch

12:30 Microscopy/The Cell

1:15 Strawberry DNA

2:00 Human Sensory Lab

2:45 Osmosis/Diffusion

3:30 Pick up