



FORT HAYS STATE UNIVERSITY'S
STERNBERG MUSEUM
OF NATURAL HISTORY

Adventures and Activities

After school science for K-5 students

Tuesday afternoons from 3:30-5:00pm when USD 489 is in session.

Program information is available online at www.sternberg.fhsu.edu

Fees: \$5.00/day museum members ~ \$7.00/day general public

Student Information

Student's Full Name: _____

Nickname: _____

Home Address: _____

Birthday (MM/DD/YYYY): _____

School student attends:

Parent/Guardian Information

1) Parent/Guardian's full name:

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail Address (if applicable): _____

2) Parent/Guardian's full name:

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail Address (if applicable): _____

Student Emergency and Medical Information

In Case of Emergency, Contact:

Emergency Contact Address: _____

Emergency Contact Phone: _____

Dr.'s Name: _____

Dr.'s Phone: _____

Dr.'s Address: _____

Known Medical Conditions:

Known Allergies

Other Issues/Special Needs:

Sternberg Museum of Natural History After School Programs Parent Waiver and Release Form

As the parent/guardian(s) of _____ (insert child's name), I consent to my child's participation in the Sternberg Museum After School Adventures and Activities Program, conducted by the Sternberg Museum of Natural History, which is part of Fort Hays State University (FHSU). By signing below, I agree to the following:

1. I understand that FHSU/Sternberg Museum has no obligation to provide health, accident, disability or hospitalization insurance for my child and that FHSU will not be responsible for the costs of any health care provided to my child during Sternberg Museum After School Program.

2. I give permission for FHSU/Sternberg Museum to discuss my child's medical condition among staff members responsible for my child's care. This information will be disclosed only when medically necessary.

3. I authorize any representative of FHSU/Sternberg Museum to provide or secure emergency medical and/or dental treatment for my child if he/she is injured or becomes ill while participating in the program. Any representative of FHSU may sign authorization forms necessary to obtain treatment. I understand that FHSU staff will make every effort to contact me should an emergency arise.

4. Unless I have provided FHSU and the Sternberg Museum After School Program with information and instructions relating to required medications or other necessary care for my child during the program on the form below, I represent that my child has no medical condition that either requires medication or care during the program, or that will interfere with or prohibit my child from fully and safely participating in the program. By signing below I represent that my child is capable of participating in the program and all activities and requirements relating thereto.

5. I understand that FHSU/Sternberg Museum does not insure and is not responsible for lost, stolen or damaged (from any cause) personal property. The safekeeping of personal property during the program is the responsibility of each individual student. It is the family's responsibility to claim personal items upon the conclusion of the Sternberg Museum After School Program; items left unclaimed after 4 months may be disposed of at the discretion of FHSU/Sternberg Museum.

6. By signing below, I hereby assume, on behalf of my child, any and all risks that may be associated with my child's participation in Sternberg Museum After School Program. I also agree to release FHSU/Sternberg Museum employees and volunteers from any and all claims arising out of my child's participation in programs.

Media Release

Throughout the Sternberg Museum After School Adventures and Activities Program, we may interview, photograph or videotape your student for use in publications, television reports, newsletters, brochures, websites, and public presentations. FHSU/Sternberg Museum and/or the media may also wish to use your student's work for educational or promotional reasons. Please provide your permission that your child's photograph, work, or voice may be used for promotional and educational purposes, by checking the appropriate box, and initialing by the statement:

I give permission for FHSU/Sternberg Museum and/or the media to use film, videotape, digital audio and visual recordings, and photograph images of my student for educational or promotional purposes. I understand that my student's voice and/ or student work may also be used for educational or promotional purposes. _____ (parent/guardian initials)

OR

I do not give permission for FHSU and the media to use film, videotape and photograph images of my student for educational or promotional purposes. I understand that my student's voice and/ or student work will not be used for educational or promotional purposes. _____ (parent/guardian initials)

We have carefully read this contract. We understand and voluntarily agree to be bound by the provisions of this contract and associated policies of FHSU/Sternberg Museum, including but not limited to: Museum policies and procedures, education program policies and procedures, and emergency procedures:

Date:

Student's printed name:

Student's signature:

Parent/Guardian printed name:

Parent/Guardian signature:

Parent/Guardian printed name:

Parent/Guardian signature:
