



Pathfinders Project

*Helping students explore the career opportunities in the great frontier of
Science, Technology, Engineering, the Arts, and Math - **STEAM**.*

Enrollment Form

—Please print legibly—

I. Participant Information

Participant's Name _____
First Middle Initial Last

Address _____

City _____ State _____ Zip Code _____

School Information

School Name: _____ Grade: _____

II. Parent/Guardian Information

Parent/Guardian _____
First Middle Initial Last

Relationship to Child _____

Address (if different from above) _____

City _____ State _____ Zip Code _____

Email Address _____ Cell Phone _____

Employer _____ Work Phone# _____ Home Phone# _____

Parents Marital Status (Circle One): Married Divorced Single

If divorced, who has legal custody? _____

May the non-custodial parent pick-up the child? Yes No

Name of non-custodial parent (Please print): _____

Additional persons allowed to pick-up participants (must be over 18 and have valid picture ID):

Name _____ Phone# _____

Name _____ Phone# _____

III. Emergency Contact Information

In the event of an emergency, I consent that these person(s) can be notified if the parent or guardian is unavailable.

Name _____ Phone# _____ Cell# _____

Name _____ Phone# _____ Cell# _____

V. Medical Disclaimer

Does your child have any allergies (food or otherwise) that may hinder their ability to participate in the project; require additional medical treatment (medications) during their time in the project (*circle one*):

Yes

No

If yes, please describe conditions and/or medications.

In the event of an injury or illness appropriate trained staff will administer first aid. In the event your child becomes seriously ill or incurs a serious accident, staff members will contact emergency first responders (fire, police, ambulance, or emergency room treatment). In this case, the parent/guardian will be notified immediately.

Not to parents: Carver Community Organization, staff, or volunteers are not responsible for the cost of medical treatment due to accidents or illness incurred during the scope of the project.

VI. Parent Authorization

I have read and understood the arrangements outlined in this form. All information is accurate and in the event of changes it is my responsibility to inform the project director or staff member as soon as possible. By affixing my signature I agree to the terms and requirements set forth.

Parent/Guardian Signature

Date _____

Parent/Guardian Signature

Date _____