



PROGRAM NAME	DAYS	TIME
TOTAL HOURS PER WEEK		

CLASS REGISTRATION FORM

Today's Date _____

Child Information:

First Name _____ Last Name _____

Home Name _____ Age _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ School: _____ School Grade: _____

Parents Information:

Father's Name: _____ Mother's Name: _____

Work phone: _____ Work phone: _____

Cell phone: _____ Cell phone: _____

Email: _____ Email: _____

How did you hear about us?

Please provide an alternative emergency contact person. This person will be called only if unable to reach parents.

Name: _____ Phone # _____ Relationship: _____

May we use the photo of your child on our website or in advertisement? Check one: YES NO

All above information will be used for BMA purposes only and will not be shared with anyone.

Eligibility to participate in our programs requires a completed BMA STEAM Registration form in its entirety and a REGISTRATION FEE of \$100. This fee is non-refundable.

If at any time, you chose to un-enroll and re-enroll later, payment of registration fee will be required again.

I authorize Blooming Minds STEAM Academy to automatically withdraw tuition fees from my credit card (3.5% convenience fee will be automatically added to all credit card transactions):

Card Number: _____ Exp date: _____

Zip code: _____ Security code: _____ Signature: _____

I have read and received a copy of Blooming Minds Academy Policy.

First and Last Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____



Medical History Form

Child's Name _____ DOB _____ Age _____ Today's Date _____

Please indicate any of the following conditions:

- | | |
|--|--|
| Y / N Diabetes | Y / N Kidney Problem |
| Y / N Sight Difficulties (Glasses____Contacts____) | Y / N Arthritis |
| Y / N Dizziness / Fainting / Seizures | Y / N Breathing Problems / Difficulties / Asthma |
| Y / N Heart Problems/Murmur | Y / N Skin Condition / Disorder |
| Y / N Previous Neck or Back Injury | Y / N Frequent Headaches |
| Y / N Hearing Difficulties/Hearing Aid | Y / N Nosebleeds |
| Y / N Bone or Joint Problems | Y / N Communication Difficulties |
| Y / N Learning Disability | Y / N ADD or Autism |

History of Fractures: Y / N Where? _____ When? _____

History of Surgeries: Y / N Please List _____

Allergies: _____

Current Medications: _____

Any condition that you feel we should be aware of, or which should be explained further

It is recommended that your child has had a physical exam within the last 18 months.

Date of the last physical exam: _____ Last immunization date: _____

Name of Physician: _____ City: _____ Phone: _____

Medical Health Acknowledgement

I certify that my child is in good health and physical condition and is fully able to participate in the programs.

Primary Medical Insurance Carrier: _____ **Policy #:** _____

Authorization and Release

I authorize Blooming Minds STEAM Academy Adult Leaders consent to Temporary Medical Treatment for our child when we/I cannot be reached to so consent. NO prior determination of life-threatening emergency or danger of serious or permanent injury resulting from delay of treatment need be made under this authorization.

First and Last Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____



LIABILITY RELEASE AND INDEMNIFICATION

Prior to participation, this form must be signed by at least one of the participant's parents or legal guardians if the participant is not 18 years old. Participant's signature is required if 18 years of age or older and is helpful when age-appropriate.

Child's Name _____ DOB _____ Age _____ Today's Date _____

Blooming Minds STEAM Academy is committed to conducting its programs and activities in a safe manner and holds safety of its participants in high regard.

I acknowledge that my or my child's participation in activities of Blooming Minds STEAM Academy is strictly voluntary. I hereby certify that I'm over 18 years of age, I have had an opportunity to ask any and all questions regarding class structure and any risks associated with participation in class, and that I understand and agree with the following terms and conditions.

The term "I" in this release refers to both the child and his or her parents or legal guardians.

Acknowledgment and Assumption of Risks.

I understand that the Activity might involve some risks of bodily injury, which may be caused by the child's actions or inactions, those of others participating in the Activity, the conditions in which the Activity takes place, the negligence of the "Released Parties" named below, or other causes. I further understand that there may be other risks either not known to me or not readily foreseeable at this time. I fully accept and assume all such risks and all responsibility for losses, cost, and damages that may result from the Activity. I hereby give my approval of and consent to the child's participation in the Activity. I assume all risks and hazards incidental to the Activity.

Representation of Ability to Participate.

Class activities are intended to challenge and engage the mental, emotional and physical resources of each participant. Despite careful and proper preparation and instruction, there is still a risk of injury when participating in any activity. Understandably, not all hazards and dangers can be foreseen. Depending on the activity, participants/guardians must understand that certain risks and dangers do exist. In this regard, it must be recognized that is impossible for Blooming Minds STEAM Academy to guarantee absolute safety.

I understand the nature of the Activity, and I represent that the child is qualified, in good health, and in proper physical condition to participate in the Activity. Should I ever believe that any of the above representations have become untrue, or if I should ever believe that the Activity is not safe or is no longer safe for the child, then it will be my responsibility immediately to discontinue the child's participation in the Activity.

Release.

I hereby release, acquit, covenant not to sue, and forever discharge **Blooming Minds STEAM Academy**, its owners, officers, administrators, employees, agents, volunteers, sponsors, advertisers, teachers and supervisors, and the owners or lessors of any facilities within which the Activity is conducted, their respective agents and employees, and all other persons providing facilities or assisting in the conduct of the Activity (collectively the "Released Parties") of and from any and all actions, causes of action, claims, demands, liability, losses or damages of whatever name or nature, including but not limited to those arising from or in any way related to the negligence of any of the Released Parties, that arise out of or are connected in any way to the child's participation in the Activity (collectively the "Released Claims").

Indemnification. I will defend, indemnify and hold harmless the Released Parties from (that is, to reimburse and be responsible for) any loss or damage, including but not limited to costs and reasonable attorney's fees (including the cost of any claim I might make or that might be made on my behalf or the child's behalf that is released in this document), arising out of or connected in any way with any of the Released Claims.

I have read the Policies and Procedures for parents, spectators, and participants in the Activity and/or the Practice conduct and agree to abide by all rules and conditions set forth therein and to accept the judgment of the program officials in this regard.

I HAVE READ AND UNDERSTOOD THIS ACKNOWLEDGMENT AND ASSUMPTION OF RISKS, REPRESENTATION OF ABILITY TO PARTICIPATE, RELEASE, INDEMNIFICATION, AND CUSTODIAL PARENTS. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP SUBSTANTIAL RIGHTS. I AM EXECUTING THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

First and Last Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____