



Girls In Science Day
Saturday, October 17th, 2015

REGISTRATION FORM

Please return this form and \$10 fee to:
Western Kentucky University
Attn: Melissa Rudloff/SKyTeach
1906 College Heights Blvd.
Bowling Green, KY 42101

Name: _____
School: _____ Grade: _____
Home address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____
Cell phone: _____

Emergency contacts OTHER THAN PARENT (in case parent cannot be reached):

1. Name: _____ Relationship: _____
Phone: Home () _____ Work: () _____
Cell: () _____
2. Name: _____ Relationship: _____
Phone: Home () _____ Work: () _____
Cell: () _____

Insurance Company: _____
Name of Insured: _____ Policy #: _____

Parental Medical Consent Statement:

As the parent/guardian, I certify that my child has my permission to participate in the Girls In Science Day at WKU. I understand that she will be subject to the regulations of Western Kentucky University. I understand that I will be notified should a health emergency arise. If I cannot be reached by telephone, I authorize whatever medical treatment is deemed necessary by medical personnel.

Parent/Guardian Signature: _____ Date: _____
Please print name: _____

Parental Video Consent Statement:

During Girls In Science Day, I understand that photographs and videos will be taken to document activities. I give my permission for photographs and videos taken of my child during Girls In Science Day to be used in educational or promotional materials produced by WKU.

Parent/Guardian Signature: _____ Date: _____
Please print name: _____