**REGISTRATION FORM**

**Rocketry Workshop**

Participant Name:       Birth Date:

Parent or Guardian Name(s):       Age:       Gender :

Address:

City:       State:       Zip Code:

Home phone:       Cell phone:       parent e-mail:

Second Parent or Guardian Name:

Home phone:       Cell phone:

Student's e-mail:

Individuals Authorized to Pick-up Participant:

Individual 1:      Relationship to Participant:

Individual 2:      Relationship to Participant:

Individual 3:      Relationship to Participant:

Emergency Contact #1:       Phone:

Emergency Contact #2:       Phone:

Does participant have any medical or other conditions that may be aggravated by participating in class(i.e. asthma, allergies)? Please explain:

Does participant have any conditions that may make participating in this class difficult for him/her? Please explain:

**Please send completed registration, consent and release form, and check payable to PLANT, Inc. to:**

**7932 Independence Dr. NW**

**Albuquerque, NM 87120**

**Or e-mail to:** **parentlednetwork@centurylink.net** **and pay on-line at:** [**www.parentlednetwork.org**](http://www.parentlednetwork.org)

**CONSENT AND RELEASE FORM FOR**

**Rocketry Workshop**

I, the undersigned parent(s) or guardian(s), hereby give permission for my child

       , to participate in Rocketry Workshop an informal class taught by Mona Koerner and Kathy Hahn. This workshop will involve constructing and launching three different types of rockets.

I certify that I am hiring Mona Koerner and Kathy Hahn to supplement my child's education and I have taken the necessary steps to inform myself of the qualifications and experience of the teacher and have determined that the above said class is appropriate for my child. I further certify that any issues that may arise with regard to the content of the class, my child's performance and/or his behavior shall be addressed to the teacher.

I certify that my child is able to participate in any and all of these activities. I further certify that I will either remain at the church or I may be reached at the phone number listed on the registration sheet, in the event that an emergency occurs. I understand that I must check my child in and out of class with the teacher and am not to drop my child off unattended at the church nor have them remain unattended at the church after the conclusion of the class.

In the event that my child becomes injured or ill during class, I hereby authorize Mona Koerner or her representative to seek medical treatment, including but not limited to securing the services of a physician or hospital. I will assume responsibility for all medical expenses incurred.

I understand that Mona Koerner and Kathy Hahn strive to create a safe, positive experience for all the children. If my child becomes disruptive, or a danger to himself/herself or others, I understand that I may be called to come and pick him/her up. If my child has not been picked up within 5 minutes following the conclusion of the class I realize that appropriate authorities will be contacted to take responsibility of my child.

**I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS THAT MAY BE ENCOUNTERED IN SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO.** I do, for myself and for my child, heirs, and assigns, to the fullest extent permitted by law, hereby irrevocably and unconditionally release, acquit, and forever discharge Mona Koerner, Kathy Hahn, PLANT, Inc. and Paradise Hills Church their agents, employees, and volunteers from any and all liability, actions, causes of actions, claims, expenses, obligations, and damages of any nature whatsoever, which I now have or which may arise in the future, in connection with my child's participation in the described activities or in any other associated activities including, but not limited to, any injury to my child or property, even injury resulting in death.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the laws of the state of New Mexico and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto.

I further state that **I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS HEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** I understand that this is a legally binding agreement.

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Signature of Parent or Guardian (Print name) Date