

# Registration Form

- \*Needs to be postmarked no later than JUNE 9th
- \* Registration is on a first come, first served basis.
- \* NO REFUNDS after June 16th



**STUDENT INFORMATION**

Student's Full Name \_\_\_\_\_ M/F \_\_\_\_\_

Grade Level in '09-'10 School Year \_\_\_\_\_ Is the student a Kid Innovation "Alumnus"? \_\_\_\_\_

School Student Attends and City \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address (KIC will send parents an email which will verify child's enrollment in classes) \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

**EMERGENCY CONTACT**

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

- CLASSES (PLEASE CHECK)**
- |   |   |
|---|---|
| <input type="checkbox"/> Activated Thinking 390<br>Time: 3:15-5:00 PM     | <input type="checkbox"/> Melt Your Mind 350 - Class Full<br>Time: 9:45-11:15 AM   |
| <input type="checkbox"/> Brain Builders 100<br>Time: 8:00-9:30 AM         | <input type="checkbox"/> Pre-Law 310<br>Time: 8:00-9:30 AM                        |
| <input type="checkbox"/> Math Games 101- Class Full<br>Time: 1:45-3:15 PM | <input type="checkbox"/> Powerful Poets 200<br>Time: 9:45-11:15 AM                |
| <input type="checkbox"/> Math Games 210<br>Time: 8:00-9:30 am             | <input type="checkbox"/> Reader's Theater 180 - Class Full<br>Time: 12:00-1:30 PM |
| <input type="checkbox"/> Math Games 320- Class Full<br>Time: 1:45-3:15 PM | <input type="checkbox"/> Word Wars 300 - Class Full<br>Time: 12:00-1:30 PM        |

**Lunch Time Supervision:** If your child is planning on staying for lunch (11:15-12:00) throughout the week, please include an extra \$30 along with your class fees so that we can supply supervision.

**Students should be dropped off and picked up at the EAST SIDE ENTRANCE (Door #1) which faces Brainard St.**

**Official Use Only**

Waiver \_\_\_\_\_ Registration \_\_\_\_\_ Payment \_\_\_\_\_

**PAYMENT INFORMATION**

First class is \$100.00, but if student is signed up for more than one class, please take \$20 off the price of each additional class

First Class: \_\_\_\_\_ \$100.00

Additional classes ( \_\_\_\_\_ x \$80) \_\_\_\_\_

Lunch Time Supervision (\$30) \_\_\_\_\_

**Total:** \_\_\_\_\_

Please make checks payable to:  
**Kid Innovation College.**

Mail payment, registration form, and waiver to:

**Kid Innovation College  
P.O. Box 9569  
Naperville, IL 60567**

**Needs to be postmarked no later than JUNE 9th.**  
Or materials can be given to Mr. Horner.



# Standard Waiver Form

Student's Name (please print) \_\_\_\_\_

Parent/Guardian's Name (please print) \_\_\_\_\_

1. As the parent or legal guardian of the KIC student named above, I hereby give my full consent and permission for \_\_\_\_\_ to participate in this summer's session of Kid Innovation College.
2. I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my child's participation in Kid Innovation College activities. I agree to indemnify and hold harmless Kid Innovation College, and the staff of Kid Innovation College from any claims, loss, liability, damage or costs, including court costs and attorneys fees that may be incurred due to my child's participation in Kid Innovation College classes. I understand that the Kid Innovation College is not a legal entity.
3. I understand that my child's participation in Kid Innovation College is strictly voluntary. I understand that Kid Innovation College is not in any manner affiliated with Naperville School District 203, that Kid Innovation is entirely separate and distinct from School District 203 and that School District 203 officials, employees and /or agents will NOT be involved in any manner in conducting the classes of Kid Innovation College. I understand that the staff members of Kid Innovation College are not the actual or apparent agents or employees of Naperville School District 203 while conducting the Kid Innovation classes.
4. I understand that Kid Innovation College or representatives of Kid Innovation College, District 203, or any employees of District 203 are not responsible for my child after the class adjourns. It is my sole responsibility to provide transportation for my child and supervision for my child immediately following the KIC class.
5. In consideration of my minor child being permitted to participate in any way in this summer's session of Kid Innovation College, I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the classroom teachers, their agents, volunteers, employees, other participants, any sponsors, advertisers, and owners and lessors of premises on which the activity takes place, Highlands School, and Naperville District 203, each considered Releasees herein, from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any one of the releasees who represent Kid Innovation College, I will indemnify, save and hold harmless each of the releasees from any litigation expenses, attorneys fees, loss, liability, damage or any costs that may incur as the result of any such claim. I have read this agreement, fully understand its terms, and that I and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

## **PARENTAL PERMISSION AND CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT (Agreement)**

### **I HAVE READ AND AGREE TO ALL TERMS OF THIS AGREEMENT:**

Parent/Guardian (please sign)

Date

Parent/Guardian (please print)

Participant Name

Participant Date of Birth

Address

City, St

Zip