

# Robotics with Inanimate Reason After School Program Registration Form



Rev 205a

Please print legibly and complete one form per participant.

Camper's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_

Mother's Full Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Add'l contact info: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Special Concerns (allergies, medical, etc.): \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please choose the sessions for which you wish to enroll your child.

v	Session	Schedule	Fee
	Robotics Club, Messiah Lutheran Church, Carrollwood. Fee is payable at the first meeting of each month.	Thurs 6:00-7:30 Month to Month	\$60/mo
	2012/13 FLL Skills Club, KCC Middle School Campus, Riverview. Fee is payable at the first meeting of each month.	Mons 5:30 - 7:00 Month to Month	\$60/mo

Total due for selected programs \_\_\_\_\_

Total amount due with registration: \_\_\_\_\_

PROMO Code: \_\_\_\_\_

Payment by:

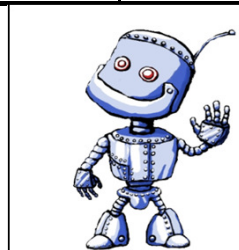
\_\_\_\_\_ Check/Money Order

\_\_\_\_\_ Please bill my Paypal account

Paypal email: \_\_\_\_\_

\_\_\_\_\_ VISA/MC (Swipe required)

Please make checks and money orders payable to Inanimate Reason, Inc.



Once we confirm your registration, payments are non-refundable. Complete details, terms and conditions can be found on our website at [inanimatereason.com/camp](http://inanimatereason.com/camp). Sessions are available on a first-come/first-served basis. Space is limited.

- Checklist**
- \_\_\_ Registration Form
  - \_\_\_ Waiver Form
  - \_\_\_ Photography/Video Release
  - \_\_\_ Medical Information Sheet
  - \_\_\_ Payment

**Please mail forms and payment to:**  
Inanimate Reason, Inc.  
PO Box 3351  
Apollo Beach, FL 33572

By signing this form you agree that you have read and understand all of the policies and agreements for the Inanimate Reason After School Programs.

Signature of Parent / Guardian: \_\_\_\_\_ Date \_\_\_\_\_

**INANIMATE REASON, INC.**  
**CONTRACTUAL WAIVER FORM**

For good and valuable consideration of the privileges in membership to the Inanimate Reason, Inc. ("Inanimate Reason") Programs, I \_\_\_\_\_, the undersigned, as parent or legal guardian of \_\_\_\_\_, a minor participant ("Participant"), hereby voluntarily enter into this legally binding contractual waiver ("Agreement"). This Agreement is binding upon and inures to the benefit of the parties hereto, their applicable heirs, personal representatives, and assigns. This Agreement may not be assigned and may not be amended without mutual written consent of the parties hereto.

**Liability Release:** The undersigned hereby grants the permission necessary to allow Participant to participate in After School, Community and Summer Camp Programs ("Programs") to be conducted by Inanimate Reason. Parties hereto hereby release and hold harmless Inanimate Reason and its members and any other person or entity having an interest in any facilities owned, operated or used by Inanimate Reason, together with their respective agents, employees, representatives, members, managers or owners ("Releasees"), from any and all liability for injury or damages of any kind, arising out of or connected with Programs, including any claim arising out of or connected with any illness or injury that the Participant may sustain during the any Programs and all activities associated with these Programs, and including any liability arising out of any negligent act by any Releasee.

Undersigned, in my own behalf and on behalf of the Participant, hereby warrant that I have read this Liability Release in its entirety, fully understand its contents, am aware that this Liability Release releases Releasees from liability which contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness, and have signed this document voluntarily and of my own free will.

**Medical Release and Authorization:** The undersigned, Participant s parent or legal guardian, hereby warrants that the Participant is physically fit and able to participate in the Program activities, and consents to any employee, agent, or other personnel affiliated with the Programs to seek medical attention and treatment or other measures deemed necessary or advisable in the discretion or judgment of the Programs in the event of an accident, sudden illness, or other condition that occurs while Participant is in the care or supervision of any Program. Undersigned further understands that the Programs will make reasonable efforts to notify any or all parents/legal guardian in the case of a medical emergency or other condition, but authorizes the Programs to seek such care or treatment, and for any care or treatment to be administered, even in the event that no parent/legal guardian is not contacted prior to the seeking or rendering of such care, treatment, or other measure. The undersigned agrees to release the Releasees from any and all liability for such decisions or actions in seeking medical care, and agrees to pay the costs and fees for the medical care or treatment authorized under this medical release and authorization.

**Severability:** Any provision of this Agreement that is prohibited or unenforceable in any jurisdiction, shall, as to such jurisdiction, be ineffective to the extent of such prohibition or unenforceability without invalidating the remaining provisions hereof or affecting the validity or enforceability of such provision in any other jurisdiction.

**Dispute Resolution Provision:** Any controversy or claim between the parties arising out of this Agreement must be settled by binding arbitration in Hillsborough County, Florida before a mutually agreed upon qualified arbitrator in lieu of judicial proceedings. If the parties cannot agree on an arbitrator, then either party may petition a court of competent jurisdiction for the appointment of a qualified arbitrator. The arbitrator will have no power to change the provisions of this Agreement, but shall have the power to decide all issues in controversy. The determination of the arbitrators will be conclusive and binding upon the parties to this Agreement, and judgment upon the award rendered may be entered in accordance with applicable law in any court having jurisdiction thereof. The prevailing party shall be entitled to an award of reasonable attorney fees and costs.

**Governing Law:** This Agreement shall be governed by and construed in accordance with the laws of the State of Florida, without regard to its conflicts of law's provisions.

\_\_\_\_\_  
**Printed Name of Minor**

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**

\_\_\_\_\_  
**Printed Name of Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

**INANIMATE REASON, INC.  
EMERGENCY MEDICAL INFORMATION**

CAMPER'S NAME \_\_\_\_\_

CAMPER'S AGE \_\_\_\_\_ CAMPER'S BIRTHDAY \_\_\_\_\_

MOTHER'S FULL NAME: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

FATHER'S FULL NAME: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ ADD'L CONTACT INFO: \_\_\_\_\_

ALLERGIES OR MEDICATIONS\*:  
\_\_\_\_\_  
\_\_\_\_\_

MEDICAL CONDITIONS THAT WE SHOULD KNOW:  
\_\_\_\_\_  
\_\_\_\_\_

DIETARY RESTRICTIONS:  
\_\_\_\_\_  
\_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE CONTACT (OTHER THAN PARENT):

\_\_\_\_\_  
Name Phone No.

PARTICIPANT'S PHYSICIAN \_\_\_\_\_ PHONE NO. \_\_\_\_\_

MEDICAL INSURANCE CARRIER: \_\_\_\_\_

INSURED'S NAME: \_\_\_\_\_ GROUP #: \_\_\_\_\_

PARTICIPANT'S INSURANCE ID NUMBER: \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

\* OUR STAFF IS NOT PERMITTED TO DISPENSE MEDICATION.  
PLEASE MAKE ARRANGEMENTS ACCORDINGLY.

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date

Parent/Legal Guardian signature is required for PARTICIPANTS under the age of 18.

---

**INANIMATE REASON, INC.  
PHOTOGRAPHY/VIDEO RELEASE**

I, \_\_\_\_\_, hereby grant Inanimate Reason, Inc. permission to use my or my child/ward, likeness video and/or photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of Inanimate Reason, Inc. and will not be returned.

I hereby authorize Inanimate Reason, Inc. to edit, alter, copy, exhibit, publish, or distribute this video/photo for purposes of publicizing Inanimate Reasons, Inc.'s programs or any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein said likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the video/photograph.

\_\_\_\_\_  
**Printed Name of Minor**

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**

\_\_\_\_\_  
**Printed Name of Parent/Legal Guardian**

\_\_\_\_\_  
**Date**