



Program Registration

PARENT EMAIL:

STUDENT NAME:

STUDENT AGE:

DOB:

Address#

Street Name:

City:

State:

Zip:

List any known allergies:

List any special medications,
medical information, or special
instructions:

Medical treatment restrictions:

Physician Name:

Physician
Phone #

Father/Guardian
Name:

Day
Phone:

Eve.
Phone:

Mother/Guardian
Name:

Day
Phone:

Eve
Phone:

Emergency
Contact Name:

Emergency
Contact #

Choose the appropriate program from
the drop down list

Demographic Information is optional
and used for data collection purposes
only. Please check all that apply and
that you choose to report

Male

Black

Other:

Female

White

Latino/Hispanic (of any race)

Annual household income above \$32,000

Annual household income below \$32,000



AUTHORIZATION TO TREAT A MINOR

I, the parent or legal guardian, of the child listed above, do hereby authorize and consent to any X-ray examination, anesthetic, medical, or surgical treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital or emergency care facility holding a current license to operate a hospital or emergency care facility from the Beaufort County Department of Public Health. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable for my child. Further, I understand my child could be participating in inherently dangerous activities and agree to pay for my child's medical expenses. I understand that all efforts shall be made to contact me prior to rendering treatment to my child, but any of the above treatment will not be withheld if I cannot be reached. This authorization is given pursuant to the provisions of the Beaufort County Civil Code.

RELEASE FROM LIABILITY

It is understood that my child will be participating in after-school and/or summer camp activities and taking field trips coordinated by the Inner Banks STEM Center (IBSC), in collaboration with other authorized organizations, partners, agencies, or governmental entities in our STEM program. These activities will include participation in science, technology, engineering and math activities that could include flying in an airplane, RC model airplanes/drones, rocketry, robotics, CAD orientation, hands-on classroom projects, and water related activities such as swimming, snorkeling, scuba diving and sailing. I and my child hereby agree to assume all risks attendant upon myself and my child while participating in this program and/or related sponsored activities. I and my child hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I or my child may have, or which may hereafter accrue to me or my child, as a result of my child's participation in this IBSC program or a sponsored activity. I agree to indemnify and hold harmless from liability IBSC and any collaborating organizations, partners, and/or any of their directors, officers, agents, staff, volunteers, or employees by reason of any accident, death, injury, or damages, to persons or property which I or my child may suffer while participating in a IBSC program and/or sponsored activity even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns, and the heirs and assigns of my child. I agree to assume all responsibility for any property damage or injury to any person caused by me or my child while participating in any IBSC activity.

Waiver of Liability Relating to Coronavirus/COVID-19: IBSC has put in place preventative measures to reduce the spread of COVID-19; however, IBSC cannot guarantee that you and/or your child(ren) will not become infected with COVID-19. I am aware that my child/children must follow the safety and hygiene protocols that have been implemented by IBSC at all times. No exceptions.



I understand the risk of becoming exposed to or infected by COVID-19 at IBSC may result from the actions, omissions, or negligence of myself and/or others, including but not limited to, IBSC staff, volunteers, participants, and their legal guardians while participating in an event conducted, organized, and/or sponsored by IBSC. Such exposure or infection may result in personal injury, illness, permanent disability, and death.

By signing, I hereby release, covenant not to sue, discharge, and hold harmless IBSC, its staff, instructors, volunteers, youth community service workers, contractors, and representatives of and from the claims, including all liabilities, claims, actions, damages, or costs or expenses of any kind arising out of authorized IBSC activities. This release includes any claims based on the actions, omissions, or negligence of IBSC designated representatives, whether a COVID-19 infection occurs before, during, or after participating in an event conducted, organized, and/or sponsored by IBSC.

In signing this form, I understand that my child/student participant:

1. Can only be picked-up by the authorized parent/legal guardian unless prior written arrangements are approved by IBSC personnel.
2. Must be dropped-off/picked-up at the designated time and location (schedule).
3. Must obey the IBSC program rules.
4. Must PASS a safety swimming test to participate in the sailing school program.
5. CAN BE VIDEOTAPED/PHOTOGRAPHED in IBSC activities/field trips
6. Cannot be videotaped/photographed; please initial in the box to the right _____
7. Is liable for damage to drone, batteries, smartphone, or charger due to negligence.

I have read, understand, and approve all paragraphs and stipulations contained in this IBSC participating application student.

I have selected on page 1 of this application the summer camps, online drone program or afterschool program my child will be attending.

This application shall remain in effect for 12 calendar months from the signing date of this application.

Name of Participating Child:

Signature of Parent or Legal Guardian

Date