Student Registration Form

Student’s Name: ___________________________ (First Name) ___________________________ (Last Name)

Student’s E-mail address: ___________________________

Parent / Guardian’s Name: ___________________________

Parent / Guardian’s Daytime Phone Number: ___________________________

Emergency Contact Name: ___________________________ Relationship to Student: __________

Phone Number: ___________________________

Parent’s E-mail address: ___________________________

School Name: ___________________________

Teacher’s Name: ___________________________

Teacher’s E-mail address: ___________________________

Are there any allergies, medical concerns or food restrictions that we should be aware of?

________________________

NOTE: There is no charge to attend gr8 Designs for gr8 Girls. However, because space is so limited, it is very important that students who are unable to attend let the event coordinator know as soon as possible.

Contact information is below.

Please send the completed registration and permission form to:

Sara Franca, Dept. of Computer Science
Bahen Centre for Information Technology
10 King’s College Road, Rm 3302
Toronto, Ontario M5S 3G4

E-mail: gr8girls@cs.toronto.edu
Fax: 416-946-5464, Phone: 416-978-3619

Registration Deadline: Monday, April 21, 2008
gr8 Designs for gr8 Girls
PARENTAL PERMISSION FORM

This form MUST be signed by a parent or legal guardian of any child participating in the gr8 Designs for gr8 Girls activity day. In order for your child to participate in this program, the form needs to be completed and sent with your registration package by Monday, April 21, 2008.

I hereby grant permission for my child ________________________________ to fully participate in the gr8 Designs for gr8 Girls activity day put on by the Department of Computer Science at UofT on Thursday, May 8, 2008.

I understand that the University and its representatives will take all reasonable steps to provide individual care and safety for each child, but I am aware that THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO, its officers, employees, agents and volunteers cannot assume responsibility for any injury, loss, damage or harm to any child or to his/her property during the course of any activity which is part of the above program, including traveling to and from the University campus.

I understand and acknowledge that certain risks of injury, loss, damage or harm are inherent to participation in any program or activity and I agree to indemnify and save harmless THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO, its officers, employees, agents and volunteers from and against any injury, loss, damage or harm that may befall my child as a result of his/her participation in this program UNLESS such injury, loss, damage or harm is caused by the SOLE NEGLIGENCE of the University or its representatives while acting within the scope of their duties.

I hereby authorize any necessary medical treatment for my child by qualified medical practitioners in the event of illness or injury sustained in my absence while s/he is participating in the program. I declare that I have disclosed any special dietary, allergy, care or health issues concerning my child to the University.

Permission is hereby given for any photos of my child to appear in the program brochure or in any other advertising publication by the University.

Check one of the options below:
I will pick up my child from the program at 4 p.m. in the Bahen Centre Room 3200
I give permission for the following individual to pick up my child in the Bahen Centre Room 3200 at 4 p.m.:
Name ____________________________ Relationship ____________________________
My child is at least twelve years of age and I give permission for my child to leave on her own at the end of the day

I declare that I have read and understood the above and hereby consent to my child participating on the basis described.

_________________________________________
(Signature of parent or guardian)

_________________________________________
(Printed name of parent or guardian)

_______________________
(Date)

All information on the registration and permission forms will be kept strictly confidential.