

INVENTORS WORKSHOP SERIES AT THE MUSEUM OF AVIATION

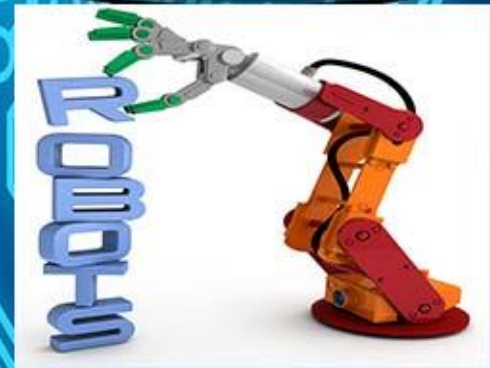


WITH SPECIAL GUEST INSTRUCTOR:
MICHAEL ROSARIO,
Software Engineer with MERC &
Founder of InspiredtoEducate.net.

February 11, 2017
Robotics & Engineering
February 25, 2017
3D modeling
March 11, 2017
Coding & Programming

Open to students in
3rd - 8th Grades
\$30 each
9 am - 12 noon each day
Preregistration required

Museum of Aviation Foundation, Inc.
Warner Robins, GA
vgill@museumofaviation.org
www.museumofaviation.org
478-222-7580



Museum of Aviation Education Center Individual Registration Form

Program Name:	Course Date:	Fee \$
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Payment Amount Enclosed: (no partial payments) **CK#/CC Confirmation:** _____ **Total \$** _____
All forms of payment accepted. If payment is by credit card, please pay in person at the education office or call (478)222-7580 to make a payment by phone.
Workshop OR STEM Lab Payment Policy: FULL payment due with registration form. **Summer Camp Payment Policy:** 50% deposit due upon registration.
All June camps paid in full by June 1st, All July camps paid in full by July 1st. **Please make all checks payable to MOA Foundation and mail to ATTN: V. Myers PO Box 2469 Warner Robins, GA 31099.** See [Handbook/Guidelines](#) online for cancellation policy.

Name of Student _____ DOB: _____ M/F: _____

Grade Level (for summer camps, register for grade entering in the fall): _____ Military Dependent? Yes or No (circle one)

Name of Parent/Legal Guardian _____

Phone: (c) _____ (w) _____

E-Mail Address: _____ County of Residence: _____

Emergency Contact List (other than parents)/Authorized Pick-Up List

List individuals you give permission to pick-up your child. Your child will not be released to anyone not listed below.

Name: _____ Phone: _____

Name: _____ Phone: _____

_____ **(Initial)** I give Permission for my child to be photographed. I understand the photographs are the property of the Museum of Aviation and may be used in any manner including but not limited to promotional (Media, Flyers, Banners, etc.) related material to the Museum of Aviation.

Medical Information

Please state any **health information or allergies** we may need to know. If your child has special needs, please let us know. We want to help our staff be prepared for the needs of your child. Food items are sometimes used during our programs. Please use additional paper if needed.

List Present Medications: _____

Should your child be restricted from any activity? If so, please explain: _____

RELEASE AND WAIVER OF LIABILITY

_____ **Initial** In the event my child suffers any illness or accident requiring emergency treatment while involved in any Museum of Aviation activity, I hereby give permission for any necessary hospitalization, medication, or surgery on recommendation of medical personnel, in which case all such expenses shall be paid by me. In the event of sickness or accident, I waive all claims against Museum of Aviation, its members, officers, agents, employees and volunteers that may arise from participation in the activities of the Museum of Aviation.

The undersigned hereby acknowledges that they have read, understand and agree to all documents related to The Museum of Aviation programs, including the [Handbook/Guidelines and Discipline Policy](#). A copy of our Handbook/Guidelines and Discipline Policy can be found on our website. The undersigned hereby waives all claims against the Museum of Aviation and its employees or volunteer workers for injury, accident or illness occurring by reason of participation in Museum of Aviation Programs.

Parent/Legal Guardian Signature

Date

Return this Registration Form to: **Museum of Aviation Education Center Attn: V. Myers P.O. Box 2469 Warner Robins, Georgia 31099.**

For assistance, please call Valerie Myers 478-222-7580 or Candi James 478-926-5558.

vgill@museumofaviation.org cjames@museumofaviation.org