



A Day of Possibilities for Girls in Grades 6, 7, & 8.

COSI Columbus, 333 W. Broad Street, Columbus OH 43215

March 20, 2010 9:00 am to 3:15 pm

Check-In begins at 8:30 am

Registration Form

Must be accompanied by the Release of Liability Agreement and registration fee, and received by Friday, March 12, 2010. Forms may be duplicated.

Pre-registration is required.

Registration is \$35 per participant, and is non-refundable. Please complete all forms and mail them to: Corey Markham, COSI Columbus, 333 W. Broad Street, Columbus, OH 43215.

Expanded scholarship opportunities are available on a first come, first served basis.

A sliding scale, based on federal guidelines, has been adopted to assist in the decision making process. This scale is based upon household income and total number of family members. To apply, please fill out and send in Financial Aid Application along with other information.

Participant's name _____

Home Address _____

City/State/Zip _____

Phone: day (____) _____ **evening** (____) _____ **cell** (____) _____

Email (confirmation will be sent to this email address) _____

Payment by: Check VISA MasterCard Discover Amex Financial aid form enclosed.

CARD NUMBER _____ **EXPIRATION DATE** _____

NAME ON CARD _____



How did you find out about *Girls Discover...Health, Medicine & More?*

- Teacher COSI Website Parent Flyer at COSI Friend Other (specify)
-

***Girls Discover...Health, Medicine & More!* participant information:**

Check grade: 6th 7th 8th

Please list ethnicity: (optional, used only to inform grant applications for program funding) _____

T-Shirt size: (shirts are adult size) Small Medium Large XL XXL

Do you have special needs that require special arrangements? No Yes (explain below)

Did you attend : *Girls Discover...Engineering!* in 2009 Yes No or 2008 Yes No
Girls Discover...Going Green! in 2009? Yes No

How interested are you interested in working in the field of health & medicine some day?

- Yes, very interested
- Yes, somewhat interested
- No, not really
- I don't know

How much do you know about careers in health & medicine?

- A lot
- Some
- Very little
- Nothing

A question I have about careers in health and medicine is:



Girls Discover... Health, Medicine & More! at COSI

Release of Liability Agreement 2010

This form must accompany the Registration Form for *Girls Discover* participants.

_____, a minor, has my permission to participate in all of the activities of *Girls Discover...Health, Medicine & More!* at COSI Columbus on March 20, 2010.

In the event of an emergency while my daughter/dependent is attending *Girls Discover...Health, Medicine & More!*, I give my permission for her to receive emergency medical treatment and care, if necessary. During this event, I can be reached at (phone) _____. If I cannot be reached, please contact (name) _____ at (phone) _____. (These blanks must be filled in.)

I understand there are risks involved in this, or any, program held at the science center, and I agree to hold COSI free and harmless from damages to property or injury sustained by participation that results from the operation of this program. I further agree, on behalf of me, and my minor child, that my child will abide by all the rules and regulations established by COSI Columbus as to the use of the Premises, and agree that my child's use of the Premises may be canceled at any time if she does not comply with these rules and regulations.

As a condition of my child taking part in this program, I understand that my child may be photographed or videotaped by COSI, or local broadcast or print media for promotional use by the science center. I understand that these photographs or videotapes will be used by COSI and local media who may rebroadcast and print these images in their newscasts, website, paper, brochures, flyers, publications, and videos. I acknowledge that I am receiving no compensation, financial or otherwise, in exchange for the use of these images.

I have carefully read and fully understand this document, including the fact that I am releasing and waiving certain potential rights held by my minor child and me, and voluntarily and freely agree to the terms and conditions set forth.

Parent/Guardian: _____ Date: _____, 2010.

Evaluation Release

I agree that COSI may contact my child, a minor, by mail, email, or telephone solely for purposes of evaluating the effectiveness of *Girls Discover...Health, Medicine & More!*

Contact information:

Child's name _____

Home address _____ City/State/Zip _____

Home phone _____ Email _____

Parent/Guardian: _____ Date: _____, 2010

Permission to Visit COSI Exhibits after Girls Discover... Health, Medicine & More!

Admission to COSI exhibits after the program is included in the registration fee for Girls Discover. **If your daughter would like to explore COSI on her own at the conclusion of the program, please sign below.**

I hereby give permission for my daughter, _____, a minor, to explore COSI exhibits on her own **without adult supervision** after *Girls Discover...Health, Medicine & More!* is concluded on March 20, 2010.

I agree that my child will abide by all the rules and regulations established by COSI Columbus as to the use of the Premises, and agree that my child's use of the Premises may be canceled at any time if she does not comply with these rules and regulations. In the case of an emergency, I can be contacted at the above phone number. **I understand that it is my responsibility to establish the time I will pick her up, and the location at COSI where we are to meet. I will pick up my daughter no later than 5:00 PM when COSI closes to the public.**

Parent/Guardian: _____

Date: _____, 2010