



Science Stars with SoundWaters-Application
February 18-22, 2013
9am-4pm
SoundWaters Coastal Center

I hereby give my permission for _____ (please print child's first name) to be involved in all SoundWaters activities. I understand that my child needs to be **dropped off at 9am and picked up at 4pm at the SoundWaters Center, in Cove Island Park**. I am aware that in the event of inclement weather, SoundWaters activities may be changed or cancelled. I understand that the activities I am giving permission for include walking, arts and crafts, hiking, and other educational activities that will occur in the SoundWaters Center, and outdoors in Cove Island Park.

I also understand that in case of emergency, if I or other parties on the contact list are unable to be reached by phone, this document authorizes any attending medical personnel to administer medical care as needed _____ (guardian initial).

I give permission for SoundWaters to take photos of my child while they are participating in the activities listed, and to use these photos as needed to promote their educational efforts in publications (ie: newspapers, brochures, magazines, SoundWaters website, etc.) or for reports to program funders _____ (guardian initial).

****All information below is required. Due to limited space, you will be notified upon admission**

Name of Child: _____ Grade: _____ School: _____
Child's Home Address: _____ City: _____ State: _____ Zip: _____
Name of Parent(s) or Guardian (s): _____
Home Phone# : _____ / _____ Daytime Phone# _____ / _____
Cell Phone #: _____ / _____ Email address (required): _____
Emergency Contact Name/Phone#: _____

*****Lunch will be provided daily by SoundWaters. Please make note of any allergies below.**

Special Needs: Please note any allergies (food, seasonal and environmental)

Guardian signature: _____

Date: _____

If you have questions, please contact SoundWaters Educator, Kate Lowe
klowe@soundwaters.org or (203) 406-3307.

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