



Kids Eager for Engineering Program
with Elementary-based Research Science

KEEPERS Science Camp

Agreement

PERMISSION TO ATTEND

I am the parent or legal guardian of the child listed below. I give permission for my child to participate in the University of New Hampshire Leitzel Center KEEPERS program, including all associated activities.

PUBLICITY

I give permission to the University of New Hampshire and the Leitzel Center to photograph, videotape, or record my child's participation in the KEEPERS program and to use such photos or tapes in promotional materials for future programs or other promotions, without compensation.

NO LIABILITY

I have read the provided release of liability form and agree to its terms.

Date

Signature of Parent or Guardian

Student's Name (Please print)

Emergency Contact Information

(Please Print)

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Tel: _____

(Day)

(Evening)

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Tel: _____

(Day)

(Evening)

Mobile: _____

Mobile: _____

(Please list any medication the Participant is currently taking)

(Please list any medical conditions of the Participant requiring special attention)