



## REGISTRATION FORM 2017 STEM Conference

Cost: \$5.00

Limited enrollment -- Early registration advised  
Registration is Easy!

- Fill out this registration form BACK AND FRONT and mail to:  
UW-Sheboygan Continuing Education  
One University Drive  
Sheboygan, WI 53081

**Make check payable to:**  
UW-Sheboygan Continuing Education

**Registration is not complete without this form**

Name (Participant): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_ DOB: \_\_\_\_\_

You will attend 3 workshops.  
List the class # of your top 6 choices in order of preference:  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_

(Session choices are not guaranteed.)

**Parents are encouraged to attend the parent session.**  
Will you attend? YES NO

NAME and PHONE NUMBER of PERSON picking up STEM PARTICIPANT:  
\_\_\_\_\_

\*Registrations will not be accepted without this form \*

**PLEASE TURN OVER; FILL OUT BACK----**

## Parental Consent Form

### Health Conditions and Allergies

Check the following if your child has:

Asthma  Diabetes  Epilepsy

Other Health Conditions/Accommodations:

Will any medication be brought to the conference? Circle: YES NO

(Note: Staff gives medicine to children 13 and under, also medication must be in the original medicine bottle)

List any allergies (insects, food, medication, etc.):

Any allergies require an EPIPEN injection?

Circle: YES NO

Is an inhaler required and carried by your daughter? Circle: YES NO

### MEDICAL AND PHOTOS

Because your daughter, or ward will be under the age of 18 years while at the conference, it is our policy to secure your consent for all of the following. By signing below:

- I am stating that I am aware of and accept the risk inherent in the program activity.
- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I understand University employees are mandatory reporters of child abuse and neglect.
- I give my permission for my child's photo to be taken and used for marketing and informational purposes.
- I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin - Sheboygan, their officers, agents and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of the actions of my daughter or ward in the course of the conference.
- I attest that all information on this form is correct.

Signature of Parent/Guardian and date \_\_\_\_\_

