

METROPOLITAN SATURDAY ACADEMY SCIENCE AND TECHNOLOGY PROGRAM

...an Educational and Historical Program of the

International Network to Freedom Association

Co-sponsored by National Aeronautics and Space Administration

6th and Independence Avenue, SW

Washington, DC 20026

(301) 336-4586; fax (301) 574-0175; E-mail: saturdayacademy@proinc.net

SATURDAY ACADEMY REGISTRATION FORM

NAME: _____ TELEPHONE NUMBER: _____

ADDRESS: _____ CITY/STATE: _____ ZIP CODE: _____

SCHOOL NAME: _____ COUNTY: _____

AGE: _____ GRADE: _____ SEX: _____ E-MAIL ADDRESS _____

CAREER INTERESTS: _____

◆ REGISTER NOW

◆ LIMITED SPACE

My parent/guardian will provide my transportation

I am in need of transportation assistance

If you have any questions, contact a Saturday Academy representative OR e-mail us (saturdayacademy@proinc.net)

Return applications by December 10, 2005 to the address above or fax to (301) 574-0175.

IN CASE OF EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: DAY: _____ EVENING: _____

DOCTOR'S NAME: _____ PHONE NUMBER: _____

AUTHORIZATION

I give my son/daughter _____ permission to participate in the Saturday Academy Program at the National Air and Space Museum (NASM) located at 6th and Independence Avenue, SW, Washington, DC, beginning October 21, 2006, at 10:00a.m. - 12:30p.m. and continuing one Saturday each month for the program year ending June 2007, UNLESS OTHERWISE INDICATED ON THE SCHEDULE.

I will attend an orientation with my child at the first session on October 21, 2006, from 10:00a.m. to 12:30 p.m. I will be responsible for bringing my child to the National Air and Space Museum no later than 10:00 a.m. each Saturday as noted on the Saturday Academy schedule. I will be responsible for picking up my child from NASM each Saturday no later than 12:15p.m after each Saturday session.

I am aware that there are transportation subsidies available for all children in need of transportation support. During the seminar, if I cannot be reached, I give permission to the appropriate representative of the Saturday Academy organization, to contact my son/daughter's physician and/or permission to transport my son/daughter to the nearest hospital in case of a serious medical emergency, and I release Saturday Academy, its Board of Directors, staff, and participants, from any liability. I further agree to indemnify Saturday Academy for any and all claims or causes of action brought by any person against Saturday Academy stemming from criminal misconduct/inappropriate behavior of my child.

Parent/Guardian: PRINT _____ Signature: _____

Date: _____