



Dear Parent/Guardian,

Thank you for allowing your child to participate in SIGNALS Museum of Information Explosion's Basic Electrical Laws and Circuits Workshop. Attached you will find a parent permission form, a health history and a photo release. Please complete these forms and return them either via email or in person. (If emailing, send to [gjames@signals-museum.org](mailto:gjames@signals-museum.org)).

The fee for this workshop is \$100 per participant. Full payment is due at registration and may be made in person or by calling the museum. Space is reserved once payment is made and registrations are on a first come first serve basis. The registration fee covers:

- All materials needed for the workshop
- A specialized tour of the museum
- A small ceremony on the final day that includes a certificate of completion
- The workshop is for two hours each day (10:00-noon) for three days:
  - Mon October 6<sup>th</sup>
  - Tue October 7<sup>th</sup>
  - Wed October 8<sup>th</sup>
- Please have your child enter at our side entrance (1806 University Drive). Please ring the bell.)
- Your child must be dropped off and in the classroom by 10:00 and must be picked up by noon.



## Parent Permission Form

### Circuit Workshop

I, \_\_\_\_\_, agree to allow my child \_\_\_\_\_ to participate in the Electrical Basics educational workshop at SIGNALS Museum on October 6, 7 and 8<sup>th</sup>, between the hours of **10:00 and noon**. I acknowledge that while every precaution is taken, there are inherent risks involved in learning and hands-on activities. This workshop will include working with circuits and electricity, among other things. Therefore, I waive any claims against SIGNALS Museum against injuries or losses incurred during the workshop.

Parent Printed  
Name \_\_\_\_\_

Parent  
Signature \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_

-----To

be entered by staff only:

Date of registration \_\_\_\_\_

Date of payment\_\_\_\_\_

Payment Method\_\_\_\_\_

In the case of an emergency, I consent to my child being treated by emergency personnel. I agree to divulge any health-related information that may be deemed important before this workshop. Important health information:

Allergies\_\_\_\_\_

Physical Restrictions\_\_\_\_\_

Medications\_\_\_\_\_

Food or drink restrictions\_\_\_\_\_

Parents cell phone\_\_\_\_\_

Emergency Contact Name in case parent can't be reached\_\_\_\_\_

Emergency Contact's Phone number\_\_\_\_\_

Name of person transporting my child to and from SIGNALS each day (please list all that apply)

\_\_\_\_\_Cell  
number\_\_\_\_\_

\_\_\_\_\_Cell  
number\_\_\_\_\_

\_\_\_\_\_Please initial here if your child has your permission to drive him/herself to and from the workshop.





1806 University Drive NW

Huntsville, AL

256-857-1293

[www.Signals-museum.org](http://www.Signals-museum.org)

## Photo Release

I, \_\_\_\_\_ hereby certify that I am the legal guardian of \_\_\_\_\_ and hereby give permission for images of my child captured while visiting SIGNALS Museum for the sole purposes of promotional material and publications, including website postings and/or social media. I understand that by signing this release I waive any and all present and future compensation rights to the above stated material.

Parent

Signature \_\_\_\_\_ Date \_\_\_\_\_

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