

**Girls Ambitious about Learning Science (GALS) Registration**

**St. Patrick's County Park – April 21 9am-2:30pm – For Girls in 5<sup>th</sup>-8<sup>th</sup> grade**



Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Full Name \_\_\_\_\_

Parent/Guardian Phone  
(h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Parent/Guardian E-mail Address \_\_\_\_\_

Emergency Contact Name/Phone: \_\_\_\_\_

Please list any dietary/health concerns your child has: \_\_\_\_\_

Enclosed is a check for \$ \_\_\_\_\_, the full payment for GALS. (\$10 per participant) Please make checks payable to St. Joseph County Parks. Or pay by credit card over the phone: 574-654-3155, and fax/mail/email in this form. Form must be received by April 16, 2018.

The undersigned waives all claims for bodily or property damage to myself or my property and/or the property of the St. Joseph County Parks & Recreation Department and all claims against the organizers, sponsors, or any of the supervisors appointed by them. I do assume all the risks and hazards incidental to the conduct of the activity, transportation to and from the activity, and do further absolve, indemnify, and hold harmless the St. Joseph County Parks & Recreation Department, the organizers, sponsors, and the supervisors, any and all of them.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Upon receipt of signed, completed form and payment in full, **you will receive a confirmation notice via e-mail**. Refunds are available only if the position in the program can be filled. No refunds will be issued once the minimum has been met. We reserve the right to cancel or reschedule any programs. If a program can't be rescheduled, refunds will be made available.

I understand that photos could be taken of me/my child participating in this event. I give St. Joseph County Parks and their legal representative's permission to utilize said photographs of me/my child for use in park brochures, park websites or social media. \_\_\_\_\_ Parent/Guardian Initials

Mail or Fax to :  
Bendix Woods County Park, 32132 SR 2, New Carlisle, IN 46552  
P. 574-654-3155/F. 574-654-3674

OR Email to [bendixwoods@sjcparks.org](mailto:bendixwoods@sjcparks.org)

