



Museum Science Education & Enrichment Program Registration

Student Information

Student's Name _____

MSEE Level (circle one) Junior Senior

Age _____

Birthday _____/_____/_____

Gender (circle one) M F

Parent Information

Parent's Name _____

Street Address _____

City, State, Zip _____

Home Phone _____

Cell Phone _____

Email _____

Emergency Information

Emergency Contact _____

Home Phone _____

Cell Phone _____

Relationship _____

Known Allergies and/or Health Issues

Tuition Information

- ♦ Membership rate applies to South Florida Museum members only
- ♦ **Members** with more than one child may subtract **\$10** from tuition for additional students
- ♦ Class enrollment is limited to 20 students
- ♦ Payment must be received in full to reserve your child's place in class
- ♦ Visa, Mastercard and personal checks (to "South Florida Museum MSEE") accepted

Are you a Member of the South Florida Museum? N Y # _____

	Junior	Senior*
Non-member	\$150	\$190
Member	\$120	\$160
Member (additional students)	\$110	\$150

*Senior rate includes a \$40 lab fee for dissection specimens

Waiver

As a parent or legal guardian, I give the student named on this registration form permission participate in the South Florida Museum's "Museum Science Education & Enrichment"(MSEE) Program. I understand that some MSEE activities may involve a degree of risk. With my signature, I hereby release discharge and hold harmless the South Florida Museum and its officers, directors, employees, supervisors and volunteers from all claims including from any and all liability and responsibility in connection with such activities and hereby release all parties from liability by reason of accident or injury suffered by said child while engaged in such activities.

Signature _____ Date _____

Office Use Only	
Amount Received \$	_____
Credit Card #	_____
Exp. Date	_____
Check Number	_____