



REGISTRATION FORM

Child's name: _____

DOB: _____

Parent/Guardian: _____

Phone: _____ Email: _____

Parent/Guardian: _____

Phone: _____ Email: _____

Additional Contact: _____

Phone: _____ Email: _____

Allergies/Health Concerns: _____

Geek Forest Class Name/Session: _____

FOR AFTERSCHOOL PICKUP ONLY:

School Name _____ Grade _____

Teacher & Classroom # _____

I authorize photos and videos during class time to be posted on the Geek Forest website and be used in Geek Forest promotional efforts. I give permission to participate in class at Geek Forest and I release Geek Forest and all its teachers from any liability connected with the activities. I accept and assume all the risks existing in this activity. I hereby release, forever discharge, and agree to hold harmless Geek Forest and all representatives from any and all claims, demands, or causes of action, which are in any way connected with participation in this activity or the use of Geek Forest equipment and facilities. I have read and understood all of Geek Forest's policies including those on cancellations, absences, and payments. I understand and agree to all of the terms stated above:

Parent/Guardian Signature

Date