



Northern New Mexico

Expanding Your Horizons (EYH)

March 4, 2016

STUDENT PARTICIPANT REGISTRATION FORM

(Please print or type clearly)

Name (First, Middle, Last):		Grade: (circle one) 5 th 6 th 7 th 8 th	
Home Mailing Address (City, State, Zip):			
School Name:		City:	
Teacher Name:	Phone:	Email:	
Have you attended an EYH Conference in the past?		Yes / No	If Yes, which year?
Special needs or accommodations:			
Allergies :		Food:	
		Medicine:	
Parent or Guardian name:		Daytime Phone:	Cell Phone:
Emergency Contact Name:	Relationship to EYH participant:	Daytime Phone:	Cell Phone:
Registration fee: \$10.00	<input type="checkbox"/> Request Waiver/Scholarship <input type="checkbox"/> Mail check to registrar (Make check payable to LAWIS) <input type="checkbox"/> Pay Cash or Check - Day of Conference		
My child is at least in 5 th grade and has my permission to attend Expanding Your Horizons. I give her permission to: -Use public transportation -Be Photographed -In the event of an emergency, receive emergency medical treatment and care **To complete this registration, the Liability Release form must be signed by the Parent/Guardian.			
Please send this form to: Josefina Salazar Los Alamos National Laboratory PO Box 1663, MS D466 Los Alamos, NM 87545 Tel: 505-667-2701 Fax: 505-665-7395 Email: eyh-registrar@lanl.gov		<u>REGISTRATION DEADLINE</u> February 8, 2016 Walk-ins will be accepted on a space-availability basis. Please see the EYH website for online registration and other information: http://nmnwse.org/lawis/eyh	

NNM EYH 2016 Liability Release Form

Student's Name: _____ (Print Name)

School Name: _____

Liability Release (required)

Participants shall remain liable and hold NNM EYH, the Los Alamos Women in Science, and the City of Santa Fe harmless for any liability arising from their participation in the March 4, 2016 Expanding Your Horizons Conference at the Santa Fe Convention Center, except injury or damages that may occur because of the sole negligence, or willful and wanton misconduct for the City of Santa Fe, the Los Alamos Women in Science and its officers, agents or employees.

Parent or Guardian (print name)	Parent or Guardian (signature)
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Photo Permission (required)

I give my permission to use photos or videos that include my child for the purpose of publicizing and promoting future Expanding Your Horizons conferences. I understand that the images and recordings may be published in local newspapers, the NNM EYH website, or used in other marketing material promoting the EYH conference. Names and other private information such as addresses, phone numbers, email or schools will NOT be published.

Parent or Guardian (print name)	Parent or Guardian (signature)
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Emergency Medical Treatment (required)

In the event of an emergency while my child is attending EYH, I give my permission for her to receive emergency medical treatment and care.

Parent or Guardian (print name)	Parent or Guardian (signature)
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Transportation Permission (required)

I give my permission for my child to use public transportation, if necessary, to attend the workshops.

Parent or Guardian (print name)	Parent or Guardian (signature)
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PLEASE BRING FORM TO THE CONFERENCE OR SEND TO REGISTRAR VIA MAIL, FAX OR EMAIL

Josefina Salazar – EYH Registrar
PO Box 1663, MS D466
Los Alamos, NM 87545
Fax: 505-665-7395
Email: eyh-registrar@lanl.gov