

2009 TODSTWD REGISTRATION FORM

Please complete this form to register your daughter, son, niece, nephew for SUNY-ESF's 17th **Annual Take Our Daughters and Sons to Work Day** on April 23, 2009, 9am-3:10 pm. **We can accommodate 30 kids, ages 8-11.** Friends of your children may also participate on a space-available basis.

Please note that children will be participating in a series of hands-on, interactive sessions in classrooms and working laboratories across campus, and will be outdoors for one session. **Children should wear comfortable clothes and sneakers, and bring a jacket** Activities will be led by ESF faculty, staff and students, and children will be escorted between activities by members of the ESF community. Children may accompany you to your workplace for the rest of the day, with your supervisor's prior approval. School districts may not recognize this as an excused absence; we encourage you to contact your child's school to make arrangements. The school form may facilitate communication between you and the school.

Session leaders have designed age-appropriate activities to be completed in the time allotted. They will provide safety instructions appropriate for each activity; **please remind your child to listen to, and follow, these instructions, and treat leaders, escorts, and fellow participants with respect.** If your child has any **special needs or allergies** (particularly latex, or food) please let us know on the back of this form.

By submitting this registration form, you also grant permission for your child to be photographed during the program. And, in accordance with Section 50 of the Civil Rights Law, you grant permission for SUNY-ESF and its successors and assigns the free and unrestricted right to use the photos, and your child's name, in promotional material in any legal manner, and waive the right to inspect the finished promotional product.

In addition, to the maximum extent permitted by law, you release and indemnify the State of New York, The State University of New York, the State University of New York College of Environmental Science and Forestry and their officers, employees, agents and volunteers, from and against any future claim, loss or liability for injury, including death, to person or property which you or the child you are escorting may suffer, or for which you or the child may be liable to any other person, during or as a result of participation in this program.

Further, in the event of an emergency and we are unable to reach you, you are also granting consent for your child to receive emergency medical care.

If the child that you are registering is not your own, please obtain the parent or guardian's written permission for these items, and request that they identify you as the person to escort the child to and from the program.

I have read, and grant permission, as outlined above.

Child's Name _____ Age _____
Gender _____ *ESF employee or student escorting child* _____
Relationship to Child _____ Campus phone _____
Parent/Guardian name (if not ESF employee or student) _____
Parent/Guardian's signature _____
Number to call in an emergency _____

Administrative
use only

I can provide assistance at any of the following times:

Registration: ___ 8:30-9:00 Child pickup: ___ 3:00-3:30
Lunch: ___ 10-10:45 (prep) ___ 12:15-12:50 (setup, bathroom monitor) ___ 12:50-1:30 (clean up, bathroom)
Escort: ___ 9:15-9:25 ___ 10:40-10:50 ___ 11:30-11:40 ___ 12:20-30 ___ 1:10-1:20 ___ 2-2:10

And, so that we order appropriately: lunch is 12:30-1:10. Should we plan for you? yes no

Return to HEATHER ENGELMAN, 107 Marshall, by Thurs, April 16. <http://www.esf.edu/womenscaucus>