



Eclipse Educational Experience

Child Information

M F
 Gender

First Name _____ MI _____ Last Name _____ Date of Birth _____
 Home Address _____ City _____ State _____ Zip _____
 Grade as of this Fall _____ Little Scholars Current School _____

Parent/Guardian Information

Student
 Faculty
 Staff
 Non-APSU
 Affiliation

First Name _____ MI _____ Last Name _____ Relationship _____
 Primary Phone _____ Secondary Phone _____ Email _____

GROUP NAME & LEADER

Student
 Faculty
 Staff
 Non-APSU
 Affiliation

Little Scholars Montessori _____ Tiffany Ellis-Brown _____
 Group Name Leader's Name
(931)326-4576 _____ (931)320-3640 _____
 Primary Phone Secondary Phone Email
LittleScholars.tn@gmail.com _____
 Email

Emergency Contact if different from above

First Name _____ MI _____ Last Name _____ Relationship _____
 Primary Phone _____ Secondary Phone _____ Email _____

Health Information

List any health conditions that may need special consideration or attention (epilepsy, diabetes, asthma, bee stings, etc.)

Y
 N _____
If yes, please specify.

Does your child take any **medication(s)**? Y
 N _____
If yes, please specify.

Does your child have any **allergies**?

Are there any sports/activities in which your child cannot participate? Y
 N _____
If yes, please specify.

Minor Photo Release

I hereby consent to and authorize Austin Peay State University to use and/or reproduce photographs and/or video (which have been taken of my child in conjunction with this event by an APSU official or agent representing APSU) for reproduction in brochures, booklets, print advertisements and/or on APSU's Web site that promote APSU or a department, office, program of APSU. The associated negatives/pictures are the property of APSU to be used only as described above. In the event that your child's likeness is used, there will be no identifying information.

Parent/Guardian Initials

Participation Agreement

My child is participating in the **Eclipse Educational Experience** with his/her caregiver: _____

I will be attending the **Eclipse Educational Experience** with my child/children: _____

I acknowledge that I understand and appreciate the inherent risks of participating in any program at Austin Peay State University, including travel to and from field trips. I know that these risks range from minor scrapes, strains and bruises to significant injuries such as broken bones, eye injury or loss, concussion, paralysis and even death, and may result from myself/my child's own actions, the actions of others or a combination of both. By the execution of this agreement, I fully assume the inherent risks associated with the facilities, equipment and activities provided through the **Eclipse Educational Experience in the Dunn Center and participation in viewing the Total Solar Eclipse** and assert that my child's participation in them is voluntary.

I hereby certify that I have adequate health insurance to cover any injury or damages that I/my child may suffer while participating, or alternatively, agree to bear all costs associated with any such injury or damages to myself/my child.

THIS IS A RELEASE OF LEGAL RIGHTS. READ BEFORE SIGNING.

Parent/Guardian

Name (please print) Signature Date

Witness

