

Microsystems Academy Registration Form

4415 Euclid Avenue, Cleveland, Ohio 44103

- Fall
- Spring
- Summer

Student's Name: _____

Mailing Address: _____

Telephone No.: _____ Birth Date: _____

Email Address: _____

Parent/Guardian: _____

School now attending: _____ Grade Level/Expected graduation date: _____

Permission of Parent or Guardian

I, the parent/guardian of the registrant, a minor, give my permission for my son/daughter to participate in the OMA Microsystems Academy

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Microsystems Academy of the Ohio MEMS Association (OMA), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with laboratory activities and in consideration for the OMA accepting the registrant for its programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the OMA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of buildings and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Parent /
Guardian

Signature: _____

Print Name: _____ Date: _____

Consent of Medical Treatment (Minor)

If my child should become ill or injured at the Ohio MEMS campus, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent /
Guardian

Signature: _____

Home Phone: _____ Business Phone: _____

In case of an emergency, if unable to contact parent/guardian, please contact:

1. Name: _____ Relationship To student _____ Phone: _____

2. Name: _____ Relationship To student _____ Phone: _____