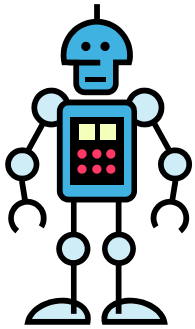
Today's date: _____

Registration Form



Explore Herrett: Robotics Workshop

NAME: _____ **BIRTHDATE:** ____/____/____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **CELL:** _____ **EMAIL:** _____

EMERGENCY CONTACT: _____ **PHONE:** _____

Experience with robots? (circle one): no experience some experience a lot of experience
(Circle one) Session: July 16-18, 2012 AM or PM Session: August 14-16, 2012

**** Please make checks payable to: The Herrett Center ****
**** NO REFUNDS will be issued for cancellations made within seven (7) days of scheduled workshop ****

Return this form with payment to: Herrett Center for Arts & Science
Attn: Robotics Workshop
P.O. Box 1238
Twin Falls, ID 83303-1238

To register by phone, call 732-6655. ****** Register early! Class sizes are limited. ******

Questions? Contact Darcy Thornborrow at 732-6664 or by email: dthornborrow@csi.edu

Please read and sign below:

CSI/HERRETT PHOTO CONSENT RELEASE

I, _____ *(Printed Name of parent/guardian)*
allow the College of Southern Idaho and/or Herrett Center for Arts and Science to use my child's image for promotion and publicity of CSI/Herrett Center. This consent also extends to any person or agencies employed by College of Southern Idaho.
I understand that my child's image may be used in whole, in part, or in a composite with or without my name for illustration, promotion, art advertising, marketing, trade or any other purpose deemed necessary by College of Southern Idaho.
I waive any right to inspect or approve the finished product that may be used in conjunction with my image. I release the College of Southern Idaho, its Board of Trustees, its employees, and the State of Idaho from any liability in the use of my image, including any claims of libel or invasion of privacy.

I understand and agree that no financial compensation is offered or expected now or in the future for the use of my child's image.

Subject's printed name: _____
Subject's address: _____
Phone: _____

Minor consent: I am the father/mother/legal guardian of the above named subject and give permission for his/her image to be used:

Signature: _____ Date: _____