



Dear Parent(s) or Legal Guardian(s):

Your son/daughter is eligible to participate in the Honeywell Summer Science Week at the MOST, from **07/8/19** through **07/12/19** and on **07/17/19**. All students should arrive at the MOST by 8:30 AM. The days' events will conclude at the MOST around 5 PM. Transportation will be provided to our scheduled events departing and returning from the MOST. For the Solvay, West Genesee, and Syracuse City School District, an 8 AM morning bus service will provide transportation for students to the MOST from their regional high school (or collection site yet to be defined) and return them at the end of the day, unless other arrangements are made for your child. This activity will take place under the guidance and supervision of employees of the MOST. If you have any questions or need to make any changes please do not hesitate to call Peter Plumley at (315) 425-9068 ext. 2163

**Please note that breakfast will be served prior to each morning's departure from the MOST, and lunch will also be provided for students. In addition, your child is responsible for all of his/her personal belongings. Camp participants should come prepared to spend the day outside – rain or shine. Everyone must wear shoes with toe covering.*

Return Forms To: Att. Peter Plumley, MOST, 500 South Franklin Street, Syracuse NY, 13202

Honeywell Summer Science Week at the MOST:

If you would like your child to participate in this event, please complete, sign and return to the MOST or respective classroom teacher the following statement of consent and release of liability:

I hereby consent to the participation by my child _____.

In the event described above. I understand that this event will take place away from school ground and that my child will be under the supervision of the designated MOST employees on the above mentioned dates. Consenting to my child's participation, I acknowledge my understanding that the MOST cannot be held responsible in the absence of its own negligence for events over which it has no control, such as acts of God, war, terrorist activity, or for acts or omissions of persons or agencies including hotels, restaurants, airlines, and sea and land transportation companies which it does not control directly. I further consent to the conditions stated above for participation in this event, including the method of transportation.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian

Date

Contact Info

Phones

(Please circle or clearly mark the one(s) that you wish to be called in case of an emergency)

Home Telephone(s) _____

Work Telephone(s) _____

Cell Phone(s) _____

Other(s) _____

School District: _____ **School Name:** _____

Relevant Medical Conditions: _____

Medications and/or Devices Carried (Inhaler, Epipen, etc.): _____

Allergies (Food and Medication): _____

Mailing Address: _____

Email: _____

Preferred T-shirt Size (circle one): Adult **S** **M** **L** **XL**

PHOTO RELEASE PERMISSION FORM

I _____, give permission for my child _____

Print Name of Parent/Guardian

Print Name of Child

to be photographed in participation of the Honeywell/MOST Summer Science Week events and activities. These photos could be used for educational and/or promotional purposes.

Signature of Parent/Guardian

Date