



The Mini Time Machine
museum of miniatures

clubHOUSE 2015 Scholarship and Registration Form

Check Requested Participation Dates. Please indicate 1st, 2nd, and 3rd choices. A single qualifying household may receive up to 5 sessions per child but no more than ten sessions per qualifying household.

Week	Monday	Tuesday	Wednesday	Thursday	Friday
June 8-12	8	9	10	11	12
June 15-19	15	16	17	18	19
June 22-26	22	23	24	25	26
July 6-10	6	7	8	9	10
July 13-17	13	14	15	16	17
July 20-24	20	21	22	23	24
Total number of days					

PARTICIPANT INFORMATION/WAIVER OF LIABILITY

This section must be filled out completely before the participant will be allowed to attend the program. This form is used for all programs and is for the health and safety of the participant. If some questions do not apply, please indicate with "N/A."

Participant's Name: _____ Age: _____ ☐ male ☐ female

Participant's Name: _____ Age: _____ ☐ male ☐ female

Guardian's Name: _____ Guardian's Daytime Phone: _____

Guardian's address: _____ email: _____
street city zipcode

Emergency Contact (other than parent/guardian): _____ Phone: _____

Identify any behavior concerns, and limits or restrictions of diet or activity: _____

SUPERVISED LUNCH: ☐ My child(ren) will arrive at noon and participate in the supervised lunch. I understand that lunch is not provided and my child must bring a lunch.

MEDIA RELEASE: I hereby grant The Mini Time Machine Museum permission to record the participant's likeness and/or voice for use in television, films, radio, or printed materials to further the aims of The Mini Time Machine Museum in related campaigns and magazine articles, booklets, posters, and in other ways they may see fit. ☐ **I DO** ☐ **I DO NOT**

RELEASE CLAUSE: The undersigned releases and holds harmless The Mini Time Machine Museum and any officers, employees or agents thereof from any and all claims, liabilities, or demands whatsoever arising out of the enrollment or participation in any program by the participant therein.

Signature of Responsible Party: _____ **Date:** _____

Relationship to participant: _____

We are members and qualify for the discounted rate. Membership ID # _____

Mail, FAX (520-881-9307) or email (lisahl@theminitimemachine.org) your registration and payment to: The Mini Time Machine Museum, 4455 E. Camp Lowell Drive, Tucson, AZ 85712 Attention: clubHOUSE Scholarships