



RAD LAB, LLC
45 Weeburn Drive
New Canaan, CT 06840
203-594-7826

REGISTRATION & POLICIES
MEDICAL AUTHORIZATION
WAIVER, INDEMNIFICATION & RELEASE

1. CHILD'S INFORMATION:

_____ (first name) _____ (last name)

Gender: M / F Age: _____ D.O.B: _____ / _____ / _____
m d y

Your child **must be potty trained** prior to the session beginning.

2. SPRING SESSION 2019 CLASSES:

Which class are you signing up for? Please place a check in the correct box.

RAD LAB 60x (Ages 3-5):

Mondays in Greenwich, 3-4pm, Temple Shalom, 300 East Putnam Ave

Class dates: 4/8, 4/15, 4/29, 5/6, 5/13, 5/20

Tuition: \$216

Thursdays in New Canaan, 2-3pm, United Methodist Church, 165 South Avenue

Class dates: 4/11, 4/25, 5/2, 5/9, 5/16, 5/23, 5/30, 6/6

Tuition: \$288

Pick-up from United Methodist Preschool? Y / N

RAD LAB PRISMS (Ages 3 yrs-2nd grade):

Mondays in Greenwich, 4:15-5:15pm, Temple Shalom, 300 East Putnam Ave

Class dates: 4/8, 4/15, 4/29, 5/6, 5/13, 5/20

Tuition: \$216

Thursdays in New Canaan, 3:15-4:15pm, Methodist Church, 165 South Avenue

Class dates: 4/11, 4/25, 5/2, 5/9, 5/16, 5/23, 5/30, 6/6

Tuition: \$288

TEAM STEAM (2nd-4th grade):

Wednesdays in New Canaan, 4-5pm, Methodist Church, 165 South Avenue

Class dates: 5/1, 5/8, 5/15, 5/22, 5/29

Tuition: \$180

LAB GEAR: New Families: ____ First time lab gear (\$37.22)
Returning Families: ____ New goggles (\$6.38)
____ New lab notebook (\$5.32)
____ New lab coat (\$26.59)

3. PARENT/GUARDIAN INFORMATION:

Parent's/Guardian's Name: _____

Home phone number:(____) _____ Cell:(____) _____

Email address: _____

Street address: _____

City: _____ State: ____ Zip code: _____

4. EMERGENCY CONTACT:

Please give Rad Lab, LLC the names and telephone number of two people to call in an emergency to care for your child in case you cannot be reached. All people must also have permission to transport your child.

Emergency Contact 1:

Name: _____ Relationship: _____

Home/ work phone number: (____) _____

Cell phone number: (____) _____

Emergency Contact 2:

Name: _____ Relationship: _____

Home/ work phone number: (____) _____

Cell phone number: (____) _____

Other people authorized to pick up your child from Rad Lab in addition to the emergency contacts listed above:

Name: _____ Relationship: _____

Phone number: (____) _____

5. PHOTOGRAPHY RELEASE- check one box

I CONSENT to Rad Lab, LLC photographing or videotaping me or my participating children, and I permit Rad Lab, LLC to use my likeness and/or that of my participating children in photographs or videos for advertising and promotional purposes, including without limitation on Rad Lab, LLC's website, and social media sites such as Facebook and Instagram, without compensation to my children or me.

I only CONSENT to my child's photograph and/or videos to be taken during some of the activities for the sole purpose of distributing them within the class.

I DO NOT GIVE permission for my child to be photographed at any time for any use.

6. PAYMENT POLICY

The cost of the 6-class session on Mondays in Greenwich is \$216 for 60x and Prisms classes. The cost of the 8-class session on Thursdays in New Canaan is \$288 for 60x and Prisms classes. The cost of the 5-class session on Wednesdays in New Canaan is \$180 for TEAM STEAM. An additional one-time fee of \$37.22 is required for first time participants to purchase a lab coat, lab notebook, and safety goggles. Payment in full for the session, and all registration forms, must be received 7 days before the first class of the session. Payment may be made by cash or check. Checks should be made payable to Rad Lab, LLC. Payment and registration forms should be mailed to Rad Lab, LLC, 45 Weeburn Drive, New Canaan, CT 06840.

7. CANCELLATION POLICY

If Rad Lab, LLC cancels a session, a 100% refund will automatically be issued. We reserve the right to cancel any session that fails to meet enrollment requirements. If a class/classes are cancelled due to inclement weather or an emergency, we will offer one make-up class, date and time dependent on availability of our rental space. If participants are unable to attend the scheduled make-up class, no credit will be issued. Due to the nature of the small class size, we cannot offer make-ups for missed classes.

8.SAFETY POLICY

Our primary concern is your child's safety. We will teach and expect students to follow all safety rules, including wearing safety goggles and lab coats during appropriate investigations. If a child is not able to follow safety rules they will be asked to sit out during the investigation. If this is a recurring situation and the child is not adhering to safety protocol we reserve the right to remove your child from the session. In the event your child is removed from the session we will offer a pro-rated refund. At Rad Lab, LLC we will be using a variety of supplies to investigate scientific concepts. These supplies will include, but not be limited to:

- ∞ Latex balloons
- ∞ Latex gloves
- ∞ Plastic syringes for dispersing liquid (no needles)
- ∞ Funnels
- ∞ Fingerprint ink
- ∞ Antacid tablets
- ∞ Scissors
- ∞ Common kitchen items such as vinegar, baking soda, corn starch, dish soap, vegetable oil, honey, etc
- ∞ Tempera paint
- ∞ Food coloring
- ∞ Shaving cream
- ∞ Glue

This is going to be a messy class. Although your child will be required to wear a lab coat, please dress them appropriately!

Signature or parent or legal guardian

Relationship to participant

Print Name: _____

Date: _____

MEDICAL AUTHORIZATION
Rad Lab, LLC
45 Weeburn Drive
New Canaan, CT 06840

As parent/guardian with legal responsibility for _____, I hereby:

- (1) Certify that he/she is (i) in proper physical condition to participate in Rad Lab, LLC programs and (ii) up to date in all state immunization requirements, and he/she has been examined by a licensed physician and found to be in proper physical condition to participate in Rad Lab, LLC programs and has no known allergies to any of the items listed on Exhibit A hereto.

- (2) Consent for (i) Rad Lab, LLC to render first aid to him/her in case of illness or injury, including if necessary transporting him/her by an emergency vehicle to the emergency room and (ii) any emergency examination and medical treatment as approved by Rad Lab, LLC in case of illness or injury where I cannot be reached in time to authorize the treating physician to provide such medical treatment. I understand that this is to prevent undue delay and to assure prompt treatment.

- (3) Acknowledge that I have adequate health insurance, am responsible for any medical expenses including cost of transportation by emergency vehicle, and that the absence of health insurance does not make Rad Lab, LLC responsible for payment of medical expenses.

Signature of parent or legal guardian

Relationship to participant

Print Name: _____

Date: _____

Home phone

Work phone

Cell phone

MEDICAL INFORMATION

Physician name

Physician phone

Dentist name

Dentist phone

Insurance/health coverage provider name

Member ID #

Please list any of the following: current medications, medication allergies, food allergies, or chronic health concerns, physical challenges, behavioral considerations, or any other considerations that we should be aware of.

Signature or parent or legal guardian

Relationship to participant

Print Name: _____

Date: _____

PARTICIPANT: _____

Date: _____

**Rad Lab, LLC
45 Weeburn Drive
New Canaan, CT 06840**

WAIVER, INDEMNIFICATION & RELEASE

THIS IS A LEGALLY BINDING DOCUMENT. DO NOT SIGN IT UNTIL YOU HAVE READ ITS CONTENTS AND UNDERSTAND THEM. IF YOU ARE IN DOUBT, CONSULT AN ATTORNEY PRIOR TO SIGNING THIS DOCUMENT.

I acknowledge that I am the parent/guardian with legal responsibility for the above-referenced participant(s) and I am authorized to legally bind him/her. I also acknowledge that any program provided by Rad Lab, LLC ("Rad Scientists") involves hands-on science investigations using supplies such as those listed on Exhibit A hereto, and may result in physical injury. With this understanding and in consideration for the provision of Rad Lab programs and services, I permit my child/children to participate in Rad Lab programs and, on behalf of myself and/or my participating children, I:

Agree to forever release and discharge, and assume all risk, bear all responsibility, to indemnify, hold harmless and covenant not to sue Rad Lab, its agents, representatives, servants, contractors, instructors, teachers, volunteers, chaperones, officers, members, managers, employees and landlord, from or for any and all claims (including, but not limited to claims of negligence or carelessness), demands, causes of action, suits, proceedings, liabilities, judgments, awards, losses (including, but not limited to, loss of personal property) and damages, including costs, expenses and attorneys' fees related thereto, arising out of, resulting from or in any way related to or connected with (i) my/his/her participation in or attendance at Rad Lab programs (no matter where such programs are located), (ii) occurrences at or around Rad Lab property, facilities or programs, and (iii) my/his/her use of Rad Lab's apparatuses or equipment.

Signature or parent or legal guardian

Relationship to participant

Print Name: _____

Date: _____

Exhibit A

- Latex balloons
- Latex gloves
- Plastic syringes for dispersing liquid (no needles)
- Funnels
- Fingerprint ink
- Antacid tablets
- Scissors
- Common kitchen items such as vinegar, baking soda, corn starch, dish soap, vegetable oil, honey, etc
- Tempera paint
- Food coloring
- Shaving cream
- Glue