

Student Registration Form
The Mega Genius Supply Store and IQ HQ
2018-2019



STUDENT INFORMATION

NAME: (first) _____ (last) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

PARENT or GUARDIAN INFORMATION

NAME: (first) _____ (last) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

The **Mega Genius Supply Store and IQ HQ** exists primarily to support students in grades 2-12 with their creative and expository writing skills, literacy skills and critical thinking projects. The **Mega Genius Supply Store and IQ HQ** is a project of **Park City Institute**, a non-profit organization dedicated to “Entertaining, Educating and Illuminating” with a strong component of student outreach.

The **Mega Genius Supply Store and IQ HQ** closures typically align with the Public School calendar. Due to **Park City Institute’s** calendar of events, there will be additional closures (for example, the Sundance Film Festival) which we will inform you about through email.

Students are the most important part of the **Mega Genius** community. To enjoy our free services and to hold each individual accountable, we ask you to agree to the following:

STUDENT AGREEMENT CONTRACT:
Please read and Initial each agreement

I agree to **bring projects** that require reading or writing with me to **Mega Genius each time I come**. I understand that critical thinking projects and creative programming is part of this space and its mission. _____

I agree to be ready and willing to **work on the project** I brought with me to **Mega Genius**, work **on my homework** or **participate in critical thinking projects** the staff at **Mega Genius** has prepared. _____

I agree to be respectful, of the space, of others working, **the tutors, my peers and the staff** at **Mega Genius**. _____

I understand that **Mega Genius** has a limit of two snacks & two beverages/hour. Water is always available. Snacks from outside **Mega Genius** are **not allowed** in the space, since this causes inequality with students. Special treats may be available for special celebrations! _____

I agree to respect the property of the **Mega Genius Supply Store and IQ HQ** and tutoring center, and of **other students and volunteers**. _____

I agree to arrange for transportation to **leave Mega Genius by 5:00pm**. _____

I understand that I must be accountable to the **Mega Genius Consideration Creed** for how all inspiring Genius' must behave, in order to maintain a successful, creative program:

- **BE CURIOUS**
 - **BE COURTEOUS**
 - **BE RESPECTFUL**
 - **BE KIND**
- _____

I understand the **Mega-Genius** program is literacy focused and reading and writing is a major part of the mind-bending curriculum. Participation in the program requires open mindedness, curiosity and a desire to think 'outside the box' . With a limit of 15 students at a time, I understand it is a privilege to be an 'Aspiring Genius'. _____

PARENT/GUARDIAN AGREEMENT CONTRACT:

Please read and Initial each agreement

I would like my child (name) _____ to participate in the **Mega Genius Supply Store and IQ HQ** programs, and I agree with the guidelines and I will hold my child accountable for his/her agreement as well. _____

I will contact Park City Institute in advance to check for space availability and communicate tutoring needs. _____ (ssayers@parkcityinstitute.org or 435-655-8252)

My child is **expected to bring projects** to **Mega Genius** that **require reading** or writing. I understand that critical thinking projects and creative programming is part of this space and its mission. _____

We understand students are hungry after school and we're fortunate to be able to offer them free, healthy snacks. We feel it is reasonable to limit students to two snacks & two beverages/hour. Water is always available, and **snacks from outside Mega Genius** are not allowed in the space, since this causes **inequality** with students. Special treats may be available for special celebrations! _____

If you are interested in giving back and donating to the program, please check with **Mega Genius** staff first, to see what is needed. _____

I agree to arrange for transportation for my child to leave **Mega Genius** by 5:00 pm. _____

I understand that I must be accountable to the **Mega Genius Consideration Creed** for how all inspiring Genius' must behave, in order to maintain a successful, creative program:

- **BE CURIOUS**
- **BE KIND**
- **BE COURTEOUS**
- **BE REPECTFUL**

I understand the **Mega-Genius** program is literacy focused and reading and writing is a major part of the mind-bending curriculum. Participation in the program requires open mindedness, curiosity and a desire to think 'outside the box'. With a limit of 15 students at a time, I understand it is a privilege to be an 'Aspiring Genius'. _____

Please answer the following questions to help us better serve your child.

What school does your child attend?

What grade is he or she in?

Preferred teacher contact?

Please describe special needs or specialized learning preferences, if any, that we should be aware of.

What are the biggest academic challenges your child faces at school, if any?

What are the biggest personal challenges your child face at school, if any?

What languages are spoken at home?

Student Health Information:

Does your child have any of the following medical conditions?

Diabetes?

Allergies?

If so, what?

Is your child on any type of medication that will need to be taken during the tutoring?

Other medical conditions we should be aware of?

What is your child's date of birth?

Month_____ Day _____ Year _____

Is there anything else you would like us to know about your child?

Student Transportation Plan

How will your child get home from the **Mega-Genius Supply Store and IQ HQ?**
(Check **all** that apply)

- With an adult who picks them up
- Alone (if alone, please specify walking, public transportation, etc.)
- With Friends
- Other

Please list all of the adults who may pick up your child from the **Mega-Genius Supply Store and IQ HQ:**

1. _____ Contact Info: _____
2. _____ Contact Info: _____
3. _____ Contact Info: _____

Emergency Medical Consent Form

In the event that my child (print child's name) _____ has a medical emergency, I authorize the adult workers at the **Mega Genius Supply Store and IQ HQ** tutoring center to consent to an examination, x-ray, anesthetic, medical or surgical diagnosis or treatment, and hospital care my child may require, as long as it is rendered under the supervision of a physician or surgeon who is licensed under the Medical Service Act and serves on the medical staff of a licensed hospital – whether or not the diagnosis or treatment is rendered at that physician's office or hospital.

In addition:

- I consent to transportation for my child to a medical facility via ambulance or private vehicle, whichever is necessary in an emergency.
- I grant permission for my child to receive emergency medical treatment from any physician, hospital, or other medical center, as stated above, without first notifying me.
- I agree to hold blameless any physician, hospital, or other medical center for rendering such services.
- I release the **Mega Genius Supply Store and IQ HQ** tutoring center, **Park City Institute** and its employees from liability for injury or accident, and grant permission for adult workers of said business to secure proper medical attention for my child should the need arise. I understand that I will be financially responsible for any expenses incurred due to medical care, travel, and other expenses related to my child's injury, accident, or illness. I release the **Mega Genius Supply Store and IQ HQ** tutoring center and **Park City Institute** from any financial responsibility for expenses incurred from injury, accident or illness.

PARENT or GUARDIAN SIGNATURE: _____

DATE: _____

Emergency Contact Information

PRIMARY EMERGENCY CONTACT

NAME: (first) _____ (last) _____

Relationship to student:

Primary phone:

Secondary phone:

SECONDARY EMERGENCY CONTACT

NAME: (first) _____ (last) _____

Relationship to student:

Primary phone:

Secondary phone:

**Consent form for use of photography, movies, published work,
sound recordings or video (optional)**

From time to time, we may want to use **photographs or video footage of students** who participate in our projects. We also might want to publish their work or make sound recordings of students reading. We might use these for our website, brochures, and newspaper articles. This helps us promote the **Mega Genius Supply Store and IQ HQ** programs. We will only use students' first names in any photo captions or credits. Consent is completely optional. **Parents are not required to sign this form in order for students to participate in our programs.**

I hereby consent to the use of photographs, movies, videotapes, sounds recordings, online or the printing and electronic publication of information of my child, myself or of my writing (collectively "Works") by the **Mega Genius Supply Store and IQ HQ** tutoring center, **Park City Institute** and their respective designees, licenses, successors, and agents (collectively "affiliate"). For good and valuable consideration, I hereby transfer and assign the **Mega Genius Supply Store and IQ HQ** tutoring center, **Park City Institute** all of my rights, title, and interest in and to any such Works and the copyright in such Works, including all rights of registration, publication, and the right to create derivative works. I further agree that the **Mega Genius Supply Store and IQ HQ** tutoring center, **Park City Institute** and its Affiliates may reproduce, publish, and use my likeness or images of my writing, or that of my child, in any format (including electronic and printed formats) for promotional purposes or any other purpose consistent with their charitable purposes. I hereby release the **Mega Genius Supply Store and IQ HQ** tutoring center, **Park City Institute** and its Affiliates from any and all claims, demands, and liabilities of any nature whatsoever whether now existing or hereafter arising which relate to the use of any such Works or of my likeness in accordance with this Consent.

DATE: _____

STUDENT NAME (please print): _____

STUDENT SIGNATURE: _____

SIGNATURE OF PARENT or LEGAL GUARDIAN: _____

***You have FINALLY reached the end of the registration and consent forms!
Thank you.
Please turn this to a staff member of the
Mega Genius Supply Store and IQ HQ.***

Looking forward to a great school year working together!