

Registration Form

Intro to Aeronautical Engineering Winter/Spring 2014 **Taught by Retired Engineer Norm Stein, M.E.**

www.aeroengineeringeducation.com

Email: aeronautics.class@gmail.com

Please completed this form and mail it along with payment for the 12 week session to reserve a place in the session.

If you are with Ocean Grove or Connecting Waters, please still mail us this form. Have your ES initiate a PO for Aero Engineering Education/Norm Stein. 12 Classes. \$35.00 per class, \$420 Total.

If you are paying by check, please make it out for \$420 and Payable to: **Norman Stein**

Mail To:

Norm Stein
511 Patricia Lane
Palo Alto, CA 94303

Monthly payment plans are available and a sibling discount is available.

Check which class you want to signup for:

_____ Tuesdays 10am-11:30am

_____ Thursdays 4:000 – 5:30pm

___ Check if you are using an Ocean Grove PO

___ Check if you are using a Connecting Waters PO

Age: Middle School Age and Up

1. Student's Name _____ M F Age _____

2. Student's Name _____ M F Age _____

3. Student's Name _____ M F Age _____

Parent(s) Name(s) _____

E-mail _____ (For registration confirmation and communication)

Address _____

City _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Other Phone (_____) _____

Any medical issues for child(ren) ?

Would you like to tell us something about your student(s) or their interest in aeronautical engineering? (Feel free to use space on the back as well)

Waiver, Release, Hold Harmless, Video/Photo Release, and Indemnification Agreement

As Consideration for Participating in the Intro to Aeronautical Engineering Class held by Sandy Masnaghetti and Norm Stein, the undersigned, on his or her behalf, and on the behalf of the Participant(s) identified below, acknowledges, appreciates, understands, and agrees to the following:

1. I represent that I am the parent or legal guardian of the Participant(s) named below or I have obtained permission from the parent/legal guardian of the Participant(s) named below to execute this agreement on their behalf.

Participant Name: _____ Date of Birth: _____

Participant Name: _____ Date of Birth: _____

Participant Name: _____ Date of Birth: _____

2. I acknowledge and understand that there are risks associated with participation including but not limited to: scrapes, burns, cuts, or bumps.

3. I understand that although every reasonable effort to minimize exposure to known risks will be taken, not all dangers and hazards can be foreseen (i.e. cuts, bruises, scrapes, fractures, falls, fatalities, etc.). I am aware that certain risks and dangers exist in the activities that are beyond control of the class organizers.

4. I, for myself and the Participant(s) named, willingly assume the risks associated with participation and accept that there are also risks that may arise due to OTHER PARTICIPANTS which I also willingly assume.

5. I agree that the Participant(s) named, and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any party and/or program.

6. I, for myself, the Participant(s) named, our heirs, assigns, representatives, and next of kin agree to hold harmless and indemnify Sandy Masnaghetti and Norm Stein, their predecessors, officers, and employees from any and all injuries, liabilities or damages from participation.

7. I additionally agree to indemnify Sandy Masnaghetti and Norm Stein, their predecessors, officers, and employees for any defense cost or expense arising from any and all claims, injuries, liabilities or damages arising from participation.

8. I am of physical ability to participate and am legally competent to understand and complete this agreement. I hereby execute this agreement without coercion.

Video/Photo Release. I give permission for photographs and video of my child(ren) to be used in materials to promote the classes and understand they may appear on the Internet. No names will be used.

Please initial to confirm permission.

_____ I give permission for photographs _____ I give permission for videos

Parent / Guardian Name (please print): _____

Parent / Guardian Signature: _____ Date: _____

Address: _____

City: _____ ST: _____ Zip: _____

Emergency Contact number: () _____ or () _____