

Registration Form

For Participating Adults, Accompanied Students & Student Shadows
10th Annual Legislative Day 2009 at the Capitol:
Celebrating Excellence

Thursday, February 19, 2009

7:30 a.m. - 3:00 p.m.

Colorado History Museum (1300 Broadway) & Colorado State Capitol (Colfax & Lincoln)

Registration Fee: \$25* per person

(includes light breakfast and lunch)

***LIMITED SCHOLARSHIPS AVAILABLE BASED ON NEED**

Name of Adult(s): _____

Home Mailing Address: _____

City: _____ Zip Code: _____

Home Phone Number: _____

Family E-mail Address**: _____

****Note: E-mail address must be clearly legible...this will be the primary means for communicating as shadowing assignments are made.**

If your child is applying for student shadowing (grades 8-12 only):

Name of Student Shadow Applicant: _____ Grade _____

Student's School and School District: _____

Total Amount Enclosed: _____ Today's Date: _____

PARENT AUTHORIZATION and WAIVER OF LIABILITY

I understand that students will be unsupervised by representatives of the Colorado Association for Gifted and Talented (CAGT) while at the Capitol and History Museum. CAGT and its representatives and contractors do not assume responsibility for the safety and health of participants. Therefore, I (a) will accompany or send another adult to accompany my child to and from the Colorado Capitol, or (b) give my child permission to walk to and from the Capitol and the History Museum unaccompanied, and hereby release from all liability and claims, indemnify and hold harmless CAGT, its contractors, representatives and organizers of this event. In addition, by signing and submitting the application for student shadowing and/or registering to participate in the CAGT Legislative Day activities, the student's parent/guardian consents to photographs being taken of your student while participating in these activities and the use of such photographs by CAGT and/or news media to report and publicize these activities on the CAGT website and through other media.

PARENT/GUARDIAN (please print): _____

Date: _____

PARENT/GUARDIAN SIGNATURE: _____

Parent's E-mail Address: _____

Registration Deadline: Student Shadows: [Feb. 1st] +++ Adults & Accompanied Students: [Feb. 16th]

Please complete registration on line at www.coloradogifted.org or mail forms & check (payable to CAGT) to: CAGT, P.O. Box 460182, Aurora, CO 80046-0182

Cancellation Policy: No refunds after February 16, 2009.

12-11-08