WORLD OF **WONDER 2009**
PERMISSIONS FORM FOR ONLINE REGISTRATIONS

Thank you for registering online for World of Wonder 2009. To complete your registration, please fill in this form, and return it to the address indicated below. This form, and any information you provide, will be confidential.

Student's Last Name First Name M.I.

PLEASE READ AND SIGN THE FOLLOWING STATEMENTS

RESEARCH AND PHOTOGRAPHS

Institute personnel may be conducting research throughout this program and, with parental consent, may be collecting further information from Institute participants regarding future class design. All data and study results will be presented as group norms, and study participants will not be identified. I give my permission for Institute personnel to use the data I have provided to determine my child's eligibility to participate in the World of Wonder, as well as to assist Institute personnel with their research. Photographs are taken during all gifted programs. Participants will not be identified. My signature below gives my consent for any such photographs to be used for advertising and publicity purposed by Bradley University, its licensees, and/or member organizations, and I waive all claims for any compensation for such use or for damages.

Signature of Parent or Guardian Date

MEDICAL EMERGENCY FORM AND PARENTAL PERMIT

Bradley University Institute for Gifted and Talented Youth will not be responsible for medical fees. The law requires that parental permission be obtained for operative procedures on minors. The following consent form should be signed by the parent so that unnecessary delays will not occur with operative procedures. However, no operation will be performed, except in an emergency, without parents being contacted and fully informed.

Child's Physician (*please print*) Physician's Phone

Indicate child's special medical needs. Include Medic-Alerts (allergies, reactions, etc.) *(please print)*

EMERGENCY CONTACT INFORMATION

Name of Parent or Guardian (*please print*) Emergency Contact Phone

Second Emergency Contact Name (*please print*) Second Emergency Contact Phone

Signature of Parent or Guardian Date

Please mail completed form to:
Bradley University Continuing Education Attn: Candy Hall
1501 W Bradley Ave
Peoria IL 61625

QUESTIONS OR CONCERNS: Please contact Candy Hall at 309.677.2374, or cld@bradley.edu