



Where:
When:
Notes:

Child Information (Required\*)

First Name\* Last Name\* Birth Date\*
[ ] [ ] [ / / ]

Does your child require an epinephrine injector?\*
Yes No

Gender\* Ethnicity\* Grade Fall 2025\*
[ ] [ ] [ ]

Allergies, prescribed medications, and/or special accommodations

School Fall 2025\* Shirt Size\* Youth S-L or Adult S-L
[ ] [ ]

[ ]

Alternate Transportation Name, Relationship, Phone
[ ]

Photo Release\* See https://www.invent.org/terms-and-conditions
Yes No

For any child needs that are NOT self-managed, please call 800-968-4332 a minimum of eight weeks prior to start date; see https://www.invent.org/terms and conditions.

Parent/Guardian Information (Required\*)

First Name\* Last Name\* Phone\* Email\* Must be valid to register
[ ] [ ] [ ] [ ]

Address\* No P.O. boxes please City\* State\* ZIP\*
[ ] [ ] [ ] [ ]

Payment [N/A Already Paid ]

Table with 2 columns: Description, Amount. Rows include Program Price, Donation, Extended Day, Cancellation Insurance, Voucher/Promo Code, and Total Payment Amount Enclosed.

Credit Card # (No American Express) Exp. Date
[ ] [ / / ]

Check # License # Routing # Account #
[ ] [ ] [ ] [ ]

Confirmation

Parent/Guardian Signature\* Date\*
[ ] [ ]

By registering your child you certify that you have obtained, read and agreed to the Terms & Conditions of the program (incorporated by reference herein), which can be found at https://www.invent.org/terms-and-conditions or by contacting us at 800-968-4332.