Academy of Science St. Louis
CONNECTING SCIENCE & THE COMMUNITY SINCE 1856

Junior Academy of Science Membership Application *(please print)*

_____ _____
Student Name Nick Name Male/Female (circle)

_____ _____ _____
Home Address City State Zip Code

_____ _____ _____
Student's e-mail address Mother's e-mail address Father's e-mail address

_____ _____ _____
Mother's Home Phone Mother's Cell Phone Mother's Work Phone

_____ _____ _____
Father's Home Phone Father's Cell Phone Father's Work Phone

_____ _____ _____
Emergency Contact Name Emergency Contact Phone Emergency Contact Cell Phone

_____ _____
HS graduation year Student's Birthdate

_____
School School City Science Teacher/Mentor

JAS Permission Agreement: As parent or guardian of the above named student, I hereby grant permission for my child to be placed in nomination for acceptance for membership in the Junior Academy of Science of St. Louis ("JAS"). If my child is accepted for membership in the JAS and as long as he/she is a member of the JAS, I hereby grant permission for my child to participate in any and all programs of the JAS, including field trips, both on and off school grounds (each a "JAS Activity"). I agree that this permission cannot be revoked with respect to the Academy of Science of St. Louis while my child is a member of the JAS. I acknowledge that I retain the responsibility and liability for her/his welfare and the obligation to monitor and control his/her attendance at any particular JAS Activity. To the fullest extent allowed by law, on behalf of me and my child I hereby (i) waive and discharge any and all claims of any kind against the Academy Parties, arising out of my or my child's participation in any JAS Activity (ii) release the Academy Parties from any and all liability resulting from injuries and damages to me or my child arising out of or because of my or my child's participation in any JAS Activity, even if caused by negligence of one or more of the Academy Parties; and (iii) defend, indemnify, and hold harmless the Academy Parties from any claims, damages, injuries, or losses which are in any way connected with my or my child's participation in any JAS Activity, even if such claims allege negligent acts or omissions of one or more of the Academy Parties. The foregoing provision will survive termination of my child's membership in the JAS. The "Academy Parties" means the Academy of Science of St. Louis and all of its affiliates, agents, directors, trustees, officers, consultants, employees, and persons or entities acting in any capacity on its or their behalf in connection with the Junior Academy of Science. I hereby agree that the Academy of Science of St. Louis may use my child's name and/or photograph in any promotional and/or information materials, including its website. The foregoing provision will survive termination of my child's membership in the JAS.

_____ _____ _____
Name(s) of parent or guardian Signature Date

Payment Methods:

My check is enclosed, payable to The Academy of Science of St. Louis
____$30 JAS Member ___$50 JAS Gateway Member

Please charge to my: (circle one) Visa MasterCard American Express Discover
____$30 JAS Member ___$50 JAS Gateway Member

_____ _____ _____
Account Number Expiration Date Name on Credit Card Signature of Card Bearer

___Please contact me regarding financial assistance for student membership
Mail completed form with payment to Academy of Science of St. Louis, 5050 Oakland Avenue, St. Louis, MO 63110