

## **Child Participant Waiver Form**

The Adler must recieve one form per child to participate. Please indicate on this form whether the child's parent will be attending. If you are registered to attend the overnight with a group, please submit this form to your group leader to be turned in with final payment.

Email forms to overnights@adlerplanetarium.org, fax forms to (312) 322-9117 or mail to: Astro-Overnights - Adler Planetarium 1300 S. Lake Shore Drive - Chicago, IL 60605

If you registered with a group, please give this waiver to your group leader to submit with all of the group waivers.

Child's Name			
Group Name:		Group Leader:	
Child's Age			
Astrovernight Date :			
Allergies/Medications/	Other Special Conside	rations	
Physician's Name		Physician's Phone	
*	* * * * * * * * *	****	
Parent or Guardian's Na	ame		
Phone (day)		(evening)	
Address			
		Zip	
Will this child's paren	t/ guardian be attend	ling the Overnight? Yes No	
If not, who is their ma	in chaperone:	Phone (mobile):	
Emergency Contact (so	omeone not attending	the overnight):	
Relationship			
		* * * * * * * * * * * * * * * * * *	
		se the Adler Planetarium, the Chicago Park District and incurred by my child or myself during the Astro-Overni	

Parent Signature