



S.T.E.M. Academy

Sponsored by Calhoun Community Education

www.calhounschoools.org

(706)629-6788

All Sessions are Tuesdays (CPS) & Thursdays (CES)

Location: Complex **Time:** 3:00-4:00pm

Cost: \$40 (1 session)

| <i>CPS Spring Session</i> | <i>CES Spring Session</i> |
|---------------------------|---------------------------|
| March 5 | March 7 |
| March 12 | March 14 |
| March 19 | March 21 |
| March 26 | March 28 |

Note: All students will meet in the CES Cafeteria after school. Parent/Guardian to send transportation change to teacher each day. Pick up will be at the main entrance at each school on Tuesdays at CPS and Thursdays at CES.

Register: on-line at www.mypaymentsplus.com or the Community Education Office (380 Barrett Rd).

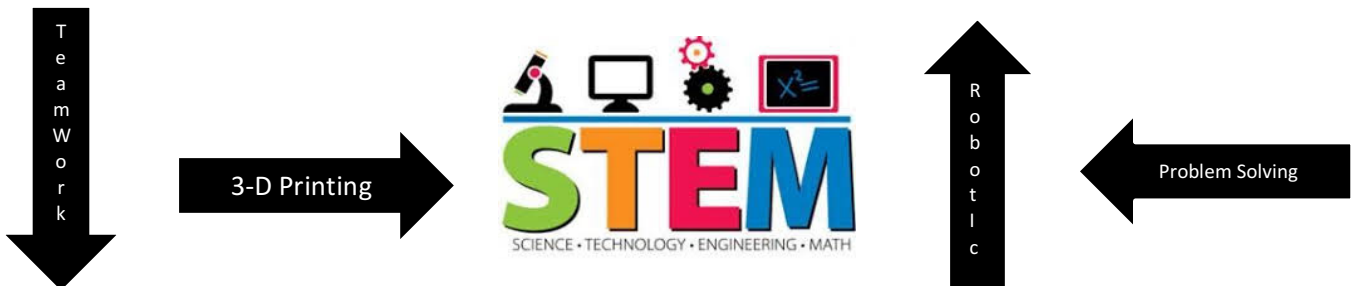
Questions: Call 706-629-6788. **Join:** Remind Messaging by texting @ccscee to 81010.

| Child's Name | Child's Grade & Age | Session: (Circle) | Primary Contact Number |
|------------------------|------------------------|------------------------|------------------------|
| | | Fall Spring | |
| Guardian/Mother's Name | Guardian/Mother's Cell | Guardian/Father's Name | Guardian/Father's Cell |
| | | | |
| Email Address | | | |
| | | | |

I /we agree to indemnify, defend and save harmless The Calhoun City Schools, its elected and appointed officials, officers, employees, agents and volunteers (to include all employees, agents and volunteers of the Calhoun City School System from any and all claims arising from my/our child's participation in any sports activity and related activity conducted under the control of the Calhoun City Schools Community Education Department. Such indemnification shall include, but not be limited to, liability settlements, damage awards, costs and attorney's fees associated with any such claim. I give my child permission to travel to CCS STEM Lab facility on a school bus. I/my child do agree to waive and hereby release any and all rights which I/my child may now or hereafter have against Calhoun City Schools, it's representatives, agents, or assigns for any injury or accident which I/my child regret to identify and hold harmless Calhoun City Schools, its representatives, or assign from any claim, action, cause of action or account or arising out of or in connection with I/my child's participation in the said course

I have read or have had read to me the foregoing in its entirety and by placing my signature below do declare that I understand that any cost or injury resulting from participation is my responsibility.

| | |
|-----------------------------------|--------------|
| Parent/Guardian Signature: | Date: |
|-----------------------------------|--------------|



For Office Use Only: Date Pd _____ Amount \$ _____ Check _____ Cash _____ Employee Initials: _____