

Clarence Destination ImagiNation® 2009—2010 STUDENT REGISTRATION FORM



This form is for school use ONLY! Please return this form to your school by October 15, 2009

Name _____ School _____

Grade _____ Classroom/Homeroom Teacher _____

Address _____ City _____ Zip _____

Home Phone _____ Date of Birth ____/____/____ T-shirt size _____

Email _____

Meeting Preferences: Meetings are organized by the Team Managers at their convenience. We need to know if there are any days or times when you **absolutely cannot meet**. List days and times of your conflicting activities.

PARENT SECTION:

Our Parent Volunteer Policy: It is expected that EVERY parent will support our Destination ImagiNation® (DI) program by donating TIME in some way. You MUST agree to assist in one or more of the following ways!

FYI: The number of teams that can be formed in our school is only limited by one factor -- the number of adults that are available to manage the teams. Please seriously consider being a Destination ImagiNation Team Manager this year – training & materials will be provided. If you cannot facilitate a team, please indicate HOW else you will be willing to help your child's team manager and team by checking off any other applicable statements. Help ensure this educational and enriching activity for our students.

- _____ I would be willing to be a Team Manager for a Destination ImagiNation (DI) team.
- _____ I would be willing to co-manage with _____
- _____ I would be willing to provide space for the team to hold their meetings, build props or store materials.
- _____ I want to be a parent Go-fer -- picking up supplies, helping with transportation, etc.
- _____ I would be willing to coordinate a fundraising event.
- _____ I am willing to be "an extra pair of hands" when the team manager needs help at meetings.
- _____ I will be willing to help the team locate resources for information, research and/or supplies.
- _____ I would be willing to utilize my skills by teaching a team a new skill. My skills are _____
- _____ At a Regional Tournament, I will be an Appraiser. I understand I MUST go to a training session in order to do this.

- * I have read the Destination ImagiNation® description and understand the time requirements.
- * I understand how important it is that my child attend the regular weekly meeting.
- * I understand that I am responsible for my child's transportation after school hours.
- * I understand that team managers are volunteering their time & should not have to bear all financial costs as well.
- * I verify that my child's birth date as recorded on the front of this form is accurate.
- * I give permission for my child to participate in this Destination ImagiNation program.

• **Parent Signature:** _____ **Date:** _____

Destination ImagiNation PARTICIPANT SECTION: Last, But Not Least . . . It's YOUR Turn!

Getting To Know You: Please check the area(s) in which you feel you have ability & could contribute to a team. (Teams need members with many different skills.)

- | | | | |
|----------------|----------------------|---------------------------|---------------------|
| _____ acting | _____ script writing | _____ prop construction | _____ song writing |
| _____ painting | _____ artwork | _____ organization | _____ dance |
| _____ music | _____ ideas | _____ mechanical wizardry | _____ brainstorming |
| _____ building | _____ other _____ | _____ other _____ | |

Our Participation Policy: Please read the following statements and sign below.

- * I have read the Destination ImagiNation description and understand the time requirement and commitment. I understand how important it is to attend the regular weekly meeting.
- * I understand that if I drop out of DI after my team starts working on the problem, *my team cannot replace me*.
- * I understand that my behavior at DI meetings is the same as is expected at school, no matter where the meeting is held.
- * I understand that my team managers are volunteering their time so that I can learn new things, and that if I am behaving inappropriately, they can remove me from the meeting or from the team.
- * I want to be involved in DI because _____

• **Student Signature:** _____ **Date:** _____