

SB Family School ~ Math Camp Registration Form Spring 2014



Child's Information:

Name: _____ Gender: _____ Age: _____ Birth Date: _____

Current School : _____ Current Grade: _____

Email address (if any): _____ T-Shirt Size: _____ (Note: T-shirts are not available all sessions.)

Mom's Information:

Name: _____

Street Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Dad's Information:

Name: _____

Street Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

How did you learn about SB Family School Math Camp? _____

A \$75 deposit is required to reserve a place. The \$75 balance is due the first day of camp.

Cancellation policy: The deposit is refundable, except for \$25, if you cancel more than 10 days in advance of the session; after that, it is not refundable.

Please make checks payable to "SB Family School" and send with this form to:

SB Family School, 6167 La Goleta Road, Goleta, CA 93117. (PHONE: (805) 680-9950; EMAIL: camps@SBFamilySchool.net)

Today's Date: _____ Date Received: _____ Date Completed: _____

Medical Information

All medical information is confidential.

Does your child have allergies or any other medical conditions we should know about? Yes No

(If yes, please describe _____)

Will your child be taking any prescribed medication during the program? Yes No

(If yes, please list.) _____

My child may be given common medicines such as Tylenol, antihistamines, cough syrups, etc. Yes No

Child's Physician: Name: _____ Address: _____ Phone Number: _____

Emergency Information

Please list two emergency contacts:

Name: _____ Relationship to Child: _____ Phone Number(s): _____

Name: _____ Relationship to Child: _____ Phone Number(s): _____

Do you authorize these emergency contacts to pick up your child from the program? Yes No

List the full names of others who have permission to pick up your child: _____

Authorization of Photographs of Child (Optional)

Do you authorize SB Family School to use your child's image in still photos for the purpose of promoting SB Family School and its programs? Yes No

Authorization to Consent to Treatment of a Minor (Required)

I (We), the undersigned, parent(s) or guardian(s) of _____ a minor, do hereby authorize SB Family School, as agents of the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the California Medical Practice Act, whether such diagnosis or treatment is rendered during a SB Family School meeting by said health care provider at the meeting location, the provider's office, a hospital, or other location. The authorization also applies to dental care under a duly licensed dentist. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the afore mentioned physician in the exercise of his/her best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action. The undersigned also releases SB Family School, and its agent, from all claims which may develop or accrue to me, or the minor for whom this authorization is intended to benefit, on account of, or reason by of, any injury, loss, or damage which may be suffered by me or the minor as a result of the exercise of this consent, and I hereby assume and accept the full risk and danger of any injury; hurt or damage that may occur as a result of the use of exercise of this consent.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Parent/Guardian Signature: _____ Date: _____

Print Name: _____