

# SB Family School ~ Math Camp Registration Form Summer 2018



## Child's Information:

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School (2017-2018): \_\_\_\_\_ School (2018-2019): \_\_\_\_\_ Grade Entering Fall 2018: \_\_\_\_\_

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? \_\_\_\_\_

List the session[s] you wish to enroll in (as shown in the example):

Session Number	Session Dates	Name of Session
<i>E.g.</i> 2-A	<i>June 15 - 19</i>	<i>Prime Time</i>

An \$100 deposit, per camp session, is required to reserve a place. The balance is due the first day of camp.  
*Cancellation policy: The deposit is refundable, except for \$30, if you cancel more than 2 weeks in advance of the session; after that, it is not refundable.*  
 Please make checks or money orders 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.com)

Today's Date: \_\_\_\_\_

Date Received: _____	Date Completed: _____
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## 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: \_\_\_\_\_

Child's Physician: Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Emergency Information

Please list two emergency contacts (in case parents cannot be reached):

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  Only with pre-approval of the photo[s]

## 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: \_\_\_\_\_