

HEAD-ROYCE SUMMER PROGRAM REGISTRATION FORM

<i>Student - Last Name:</i>		<i>First Name:</i>	<i>Address:</i>	<i>City, Zip:</i>	<i>Phone:</i>	<i>1 Free T-shirt per child Circle Size:</i>
<i>Gender:</i> <input type="checkbox"/> Male <input type="checkbox"/> Female	<i>School Attending:</i>	<i>Grade Entering September 2010:</i>				<i>Child- S M L Adult - S M L XL</i>
<i>Parent/Guardian 1 - Last Name:</i>		<i>First Name:</i>	<i>Address (if different from student):</i>	<i>City, Zip:</i>	<i>Cell Phone:</i> <i>Work Phone:</i>	<i>E-mail:</i>
<i>Parent/Guardian 2 - Last Name:</i>		<i>First Name:</i>	<i>Address (if different from student):</i>	<i>City, Zip:</i>	<i>Cell Phone:</i> <i>Work Phone:</i>	<i>E-mail:</i>

First-time families, please check box(es) to indicate what was influential in your decision to join us this summer:

Print Advertisement(s) in _____
 Website
 "Word of Mouth"
 School Auction at _____
 Summer Camp Fair
 Other: _____

MEDICAL RELEASE

I, _____, parent/guardian of _____, give my permission for any medical doctor to provide medical treatment that might be necessary for my child in the 2010 Head-Royce Summer Program under direction of the Head-Royce School.

Parent/Guardian Signature: _____ **Date** _____

IMPORTANT MEDICAL INFORMATION:

List any prescribed medications:
Please explain:

Indicate any medical conditions of which we should be aware
(please explain and attach additional note if necessary):

ASSUMPTION OF RISK & CONSENT TO PARTICIPATE

I am aware that while my child participates in the Head-Royce Summer Program certain risks and dangers may occur, even though Head-Royce School makes every effort to provide a safe environment for the children. These may include, but are not limited to, the hazards of athletic play, swimming, use of school equipment, or access to and from the school grounds. I understand that serious injuries may occur including severe sprains, broken bones, paralysis, and even death. I accept the policies and procedures listed in the brochure/website and understand that more details will be mailed for my review prior to the program. I also understand that photos of my child, while participating in Head-Royce Summer Programs, may be taken and used in future publications. In consideration of the right to participate in the Head-Royce Summer Program, I hereby assume all the above-mentioned risks and consent to my child's participation in the Head-Royce Summer Program.

Parent/Guardian Signature: _____ **Date** _____

EMERGENCY CONTACTS:

1. Name: _____ Relationship to child: _____ Phone: _____
2. Name: _____ Relationship to child: _____ Phone: _____

PARENT/GUARDIAN PICK-UP RELEASE

I give permission to release my child to the following persons, who will show ID or equivalent confirmation at time of pick-up:

1. Name: _____ Relationship to child: _____ 2. Name: _____ Relationship to child: _____

Parent/Guardian Signature: _____ **Date:** _____

Please see reverse for program selection and payment information