



Summer Boost Program June 1-29, 2016

REGISTRATION FORM

Student's Name: _____
(First – Middle – Last)

Female Male Birth Date: _____ Age: _____ Grade: _____
(MM – DD – YYYY)

Physical Address: _____

Mailing Address: _____

E-mail Address: _____ Contact #: (____) _____ - _____

Please choose option: Boost Camp Only Boost Camp & Summer Camp

Fees (Non-refundable): Boost Camp Only \$295.00

Boost Camp & Summer Camp \$650

Camp T-shirt (For the Boost Camp & Summer Camp Option Only; camp fees include one t-shirt)

T-shirt size: 2-4 6-8 10-12 14-16 Additional t-shirts*: Qty.: _____

**Any additional t-shirt will be available for sale at \$10.00 each.*

Method of Payment: Cash ATH Check Credit Card: _____

REQUIREMENTS

Certificate of Health: Provided by a physician certifying that the child is in good physical condition. (Only for students enrolling in the Summer Recreational Camp).



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Contract, Consent and Medical Release Form

Student's Name: _____ DOB: _____

I, _____ as Parent or Legal Guardian (circle one) am entering into this contract for my child's participation in The Palmas Academy's Educational Summer Program under the following terms and conditions:

I agree that the student must comply with 60 hours of remedial courses. I understand that if the student misses at least one hour of remedial courses, the grade **will NOT** be honored.

I understand that The Palmas Academy Educational Summer Program and The Palmas Academy are not liable for any accident or injuries sustained while participating in the program. I fully discharge and forever hold The Palmas Academy, its affiliates, and or related companies, and their respective directors, officers, agents, employees, and assigns harmless from any claims, demands, charges, damages, costs, expenses, actions and suits, known or unknown, which may arise in the future, directly or indirectly related to the activities of this program.

I consent to the use of my child's photographs, for publicity, promotion, advertising and marketing this summer educational program.

I give full authorization to the Medical Personnel, selected by the Palmas Academy Educational Summer Program Director to conduct routine examinations and tests, including X-rays (if deemed necessary), and treatments for the wellbeing of my child. I further agree to the release of any records necessary for insurance purposes.

Emergency Telephones

In case of an emergency please contact:

Father's Name: _____ Tel.: (____) _____ - _____

Mother's Name: _____ Tel.: (____) _____ - _____

Other: _____ Tel.: (____) _____ - _____
(Name and Relation)

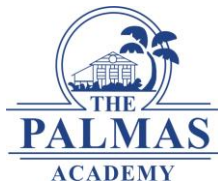
Allergies, Asthma, Diabetes or other disabilities: _____

Dr. _____ Tel.: (____) _____ - _____
(Preferred)

Hospital: _____ Tel.: (____) _____ - _____
(Preferred)

In the event we cannot be reached in an emergency, I hereby authorize the Program Director or Staff to exercise their best judgment as the emergency treatment needed, the Doctor and Hospital facilities to be used.

I further grant to the Doctor's and the Hospital attending my child full authorization to perform any treatment they judge necessary to insure the welfare and wellbeing of my child. If at all possible treatment should be rendered at the above mentioned hospital.



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Late Pick Up

I agree to adhere to the following "Pick up Policy". Parents are responsible for their child's attendance to each class on time and to pick up their child right after the class is over. Parents are responsible to inform the Academy if they will be late in picking up the child. The Academy will charge a \$15 late pick up fee per hour or fraction thereof.

In the event that I am unable to pick up my child on time, the following person(s) is(are) authorized to do so. The individuals listed below are over 18 years of age.

Name _____ Relation _____

Name _____ Relation _____

The Palmas Academy will not release my child to anyone without my permission and without asking proof of identity.

I agree that pages 1 and 2 of this Registration Form are a part of this document.

Parent/ Guardian Signature

Relation

Date