



Educational Summer Program
June 1-29, 2016
7th - 12th Grade

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 course(s) needed: English Spanish Math Other: specify _____

Fees (Non-refundable): \$480.00 one course \$700 two courses

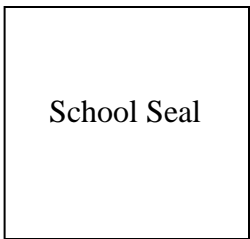
Method of Payment: Cash ATH Check Credit Card: _____

Current School: _____ Private Public

Address: _____ Phone #: (____) _____ - _____

School Principal Certification:

I, _____, certify that the above-named student
currently attends the _____ grade in _____.
(School / Academy)



He / she is authorized to take the selected remedial course(s) at The Palmas Academy.

School Principal Name: _____ Date: _____

Signature: _____

REQUIREMENTS

Certificate of Health: Provided by a physician certifying that the child is in good physical condition.

Vaccination Form: Updated Green Form copy. (Non-TPA students only).



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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.: (____) _____ - _____

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:

