

ACADEMIC BOOT CAMP REGISTRATION

Child Information:

First Name _____ Last Name _____ M F

Nickname _____ Grade '14-'15 _____

Birthdate ____/____/____

Street Address _____

City _____ State _____ Zip _____

Child's Contact /Home Phone _____

Parent/Guardian Information:

First Name _____ Last Name _____

Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone: _____

Work Phone: _____ Email: _____

Cell Phone: _____

Emergency Contacts:

Name _____

Address _____

Phone _____

Other _____

Name _____

Address _____

Phone _____

Other _____

Medical Release Information:

Insurance Information

Provider _____ Policy # _____

Family Physician _____

Physician Contact Information _____

Preferred Hospital _____

Allergies:

Allergy	Reaction/Symptom	Treatment	Other
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Medical:

Diagnosis	Medication	Dosage	Frequency	Other
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The purpose for this information is to ensure that medical personnel have details of any medical conditions which may be a factor for treatment.

Registration:

Session Dates: August 11, 2014 - August 15, 2014 (M-F)

Session Times: 9am - 2pm

Fees:

Academic Boot Camp = \$300

Please Contact for Per Day/Guest fees

Payment Information:

Please make your checks payable to Core Academic Solutions, LLC. Payment is required prior to the beginning of each session.

I have enclosed a check (# _____) in the amount of \$ _____.

Terms of Agreement:

The School and Child Psychology Clinic, Core Academic Solutions, LLC, Academic Boot Camp, Private Contractors for both entities are not responsible for lost or damaged personal property. I have enclosed the proper fees. All scheduled events are subject to change. I understand that fees will not be refunded or transferred unless cancellation of complete program occurs, or if child is unable to participate due to an accident or illness per physician orders. In case of an emergency, and if a family physician cannot be reached I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician). I also release San Diego Department of Parks and Recreation/specific park location of responsibility for damage or loss of private property.

Guardian Signature

Guardian Name - Print

Relationship to Child

Date

Please Use To Share Any Other Information:

Registration Form

www.academicbootcamp.net

Summer 2014

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Summer 2014