



July 29 – August 2, 2019

Student Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ T-shirt size: Circle Small, Medium, or Large

Current School: \_\_\_\_\_

Parent(s)/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Emergency contact & phone number: \_\_\_\_\_

Physician name, location, and phone number: \_\_\_\_\_

My Child is enrolled in our school’s Free and Reduced Lunch Program (FRLP) Yes  No   
My Child is enrolled in the Beyond the Bell Program with MVWSD Yes  No

**If your student is NOT FRLP qualified or a Beyond the Bell Student(s ),please contact us. 650-799-2231. We may request an enrollment donation. Camp scholarships are only designated for FRLP/Beyond Bell students.**

Returning Camper? \_\_\_\_\_ Year(s) attended? \_\_\_\_\_ Yes No

Please tell us about any challenges your child might have with summer camp (learning issues, allergies, etc.) that would aid the instructors in teaching your child. Personality descriptions are welcome!

What is your child learning in math/science right now in their school curriculum? In what other math and science programs/activities have they been involved?

We will be accepting our registration forms until **June 30, 2019**. Campers will be enrolled on a first-come, first-serve basis until all available spots are filled. Please send this form along with a \$40 deposit check to the following address. Checks may be made out to "Educacy". There will be no tuition charged for eligible students; however to reserve a spot, we require a \$40 deposit which will be returned upon successful camp completion. A healthy lunch, snacks and all materials will be provided.

Educacy · P.O. Box 3014 Los Altos, CA 94024 · Registration Form questions? Call (650) 799-2231

**Administrative Use Only:**  
Date form received \_\_\_\_\_ Deposit received (check/ MO/ cash) Check# \_\_\_\_\_  
Date Waiver received \_\_\_\_\_ CIT/ Volunteer/ Teacher \_\_\_\_\_

# ***Bullis Boosters Summer Bridge Camp***

## **Liability Waiver Form**

To the best of my knowledge, my child, \_\_\_\_\_, is capable of performing physical activities with the group, Bullis Boosters Summer Bridge Camp in Los Altos, California. I assume responsibility for any risk or loss, property damage, personal injury, including death and dismemberment that may be sustained by my child as a result of participating in these activities.

We, as parents and/or guardians of our child, release Bullis Boosters Summer Bridge Camp and any of its staff and volunteers from any and all claims, demands, and causes of action on account of any injury, or loss, which may occur during our child's participation in Bullis Boosters Summer Bridge Camp. We, as parents and/or guardians of our child, bear sole responsibility for any loss.

I give permission for my child to be driven a vehicle with any staff or volunteer from Bullis Boosters Summer Bridge Camp. I understand the risks involved and release any individuals from Bullis Boosters Summer Bridge Camp as well as Bullis Boosters Summer Bridge Camp from any and all liability for taking my child to events before, after and during the camp session.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I certify that I have read this document, and I fully understand its content. I am aware that this is a release of liability and a contract and I sign it of my own free will.

I also give permission to Bullis Boosters Summer Bridge Camp to use any photographs or video footage of my child for marketing purposes. By signing this release, I acknowledge that I have read this waiver of release, understand it and sign it voluntarily.

Signature of both parents (if two parents are in the household):

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name (parent or guardian)

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name (parent or guardian)

\_\_\_\_\_

Date