

CAMP SUCCESS - STEAM ADVENTURE Enrollment Form

Mail, Fax, Email or Deliver the Enrollment Form

Choices Leadership Academy
18106 Marsh Lane Dallas, Texas 75287
Fax: 972-307-3440 Phone: 972-662-0665
E-mail: choices@choicesleadership.org

STUDENT NAME _____

Entering Grade _____ **School** _____

Birthdate _____ **Age** _____

Parent/Guardian _____

Address _____ **Apt #** _____

City _____ **ZipCode** _____

Home Phone() _____

Work Phone() _____

Cell Phone() _____

E-mail _____

Name of person to contact if parent cannot be reached:

Name _____

Phone _____

Name of authorized persons who can pick up your child:

Name _____

Name _____

I Will Need After Camp Care During The Hours of 3:00P.M. to 6:00P.M.

YES _____ **NO** _____

Registration Release Form

Medical Release Record

Student: _____

Physician _____ Phone() _____

Any health concerns or activity restrictions _____

Does student take prescription medication? Yes ___ No ___

If yes, what medication _____

Medications must be supplied by the parents and brought to camp in the original container and properly labeled with the name of the student, name of the medication, dosage amount and time the medication is to be administered. All medications must be taken to the Summer Program Camp Office.

MEDICAL RELEASE

I hereby certify that my child is in good health and may participate in all activities. In case of an emergency, I give my permission for my child to be given emergency treatment at any hospital reasonably accessible.

Parent/Guardian Signature _____

Relationship _____ Date _____

WAIVER OF CLAIM & PHOTOGRAPHY RELEASE

I hereby permit my child, herein after referred to as Participant to participate in the Choices Leadership Academy Summer Programs and related activities including field trips requiring transportation by bus or van, sponsored by Choices Leadership Incorporated. I hereby release Choices Leadership Academy and its staff members and other persons and entities associated from any and all liability and responsibility for accidents or injuries arising. I hereby permit Choices Leadership Academy Summer Programs to use in whole or in part, photographs, videos, written extraction, and voice recordings of the Participant for the purpose of illustrations and publications, including the Choices Leadership Academy website or newsletter. No Participant's name will be published without parent permission. I also understand that students who fail to exhibit good behavior and citizenship will be dismissed from Camp Success without tuition refund. I have read and understood the foregoing Consent, Release and Waiver and I waive any and all claims, suits and causes of action related thereto.

I further understand that except for my Consent, Release and Waiver in these respects the Participant will not be permitted to participate in the Choices Leadership Academy Summer Programs and related activities.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date _____