



Roadrunner Reading Camp Summer 2009



REGISTRATION FORM REGISTRATION DEADLINE: June 1

- Please complete one registration form and liability waiver (reverse side) for EACH camper
- If you need additional forms please go to our web site at www.csub.edu/extension or call (661) 654-2441

CAMPER INFORMATION

PLEASE PRINT

Camper Name: _____

Age: _____

Gender: M or F (circle one)

Shirt Size (child sizes): S M L XL

Address: _____

City: Bakersfield or _____

Zip: _____

Camper's Grade: (**GRADE CHILD COMPLETED END OF 2009 SCHOOL YEAR**) K 1 2 3 4 5 6

Camper's School: _____

PARENT/GUARDIAN INFORMATION

PLEASE PRINT

Parent/Guardian	Relationship to Child	Daytime Phone	Cell or Alternate Phone

PAYMENT INFORMATION (check camp information sheet to see if you are eligible for discounts. No discounts will be given once payment is made and registration is processed). Cash is NOT accepted by mail or in our office.

Check or Money Order (Make Payable to CSUB) Amount \$ _____

(Please write the name of your child on your check or money order)

Visa or Mastercard

Card Number: Expires: _____

Name as is appears on credit Card (please print): _____

I authorize CSUB Extended University to charge \$ _____ to my credit card.

Authorized Signature: _____
(signature authorizes EUD to charge amount indicated)

Date: _____

PLEASE COMPLETE LIABILITY WAIVER ON REVERSE SIDE

Waiver of Liability

Parent/Guardian Release

Child will not be permitted to attend camp until this waiver is signed by a parent/guardian.

I hereby authorize the staff of the Extended University Summer Camp to act for me according to their best judgement in any emergency requiring medical attention. I hereby release the Camp and California State University, Bakersfield, from any liability for injuries incurred by my son/daughter while attending Camp. I have no knowledge of any physical impairment that would interfere with my child's participation in this Camp.

Parent/Guardian Signature

Date

Emergency Contact Information (in the case we can not contact parent or guardian)

	Emergency Contact Name	Emergency Contact Phone	Relationship to Child	Does this person have permission to pick up your child?
# 1				Yes No Initials ____
# 2				Yes No Initials ____
# 3				Yes No Initials ____

No person other than the parent(s)/guardian(s) listed on the registration form or those emergency contacts listed above **with yes and your initials** will be permitted to pick-up your child.

Please list any special accommodations your child may need (i.e. handicap access, sign language interpreter, etc.):

Nondiscrimination Policy

EUD does not discriminate on the basis of race, color, national origin, sex, physical handicap, or sexual orientation in the educational programs or activities it conducts. Students admitted with physical, perceptual or learning disabilities will be given necessary accommodations.

Photo Release

Please be advised that all participants involved in camp are subject to being photographed. Such photographs may be used by CSUB and CSUB Extended University in advertising and for publicity purposes without an obligation to provide compensation or consent from those photographed.

PLEASE COMPLETE THE REGISTRATION INFORMATION AND LIABILITY WAIVER AND MAIL TO:

CSUB Extended University

30 BDC

9001 Stockdale Highway

Bakersfield, CA 93311

If paying by credit card you can fax to: (661) 654-2447.

You can also register in person at the Extended University Office.

Payment must accompany this form

To confirm that we have received the registration by either mail or fax please call (661) 654-2441. Please call prior to June 1 to guarantee your registration. We are not responsible for registrations not received by mail or fax and we can not guarantee a spot for your child if registration is not received.

Questions? Call 654-2441