

SUMMER CAMP 2015

REGISTRATION FORM



(661) 654-2441

www.csub.edu/euprofessional

PLEASE COMPLETE A REGISTRATION FORM FOR **EACH** CHILD ATTENDING CAMP

I AM REGISTERING MY CHILD FOR:

Place a Check In the Appropriate Box(es)

CAMP	GRADE LEVEL (GRADE LEVEL FOR NEXT SCHOOL YEAR)	MORNING SESSION	AFTERNOON SESSION
Reading Camp	1st - 7th grade		N/A
Math Camp	1st - 7th grade	N/A	
Art Camp	2nd - 7th grade		
Digital Camp	3rd - 8th grade	3rd - 5th grade only	6th - 8th grade only
Creative Writing	8th - 12th grade	N/A	

MAILING ADDRESS:
 CSUB Extended University
 Summer Camps
 30 BDC
 9001 Stockdale Highway
 Bakersfield, CA 93311

PLEASE PRINT

Child's Name: _____

Age: _____ Gender: **M** or **F** Child's School: _____

Child's Grade: **GRADE CHILD WILL COMPLETE THIS YEAR (GRADE COMPLETED BY JUNE 2015)**

K	1	2	3	4	5	6	7	8	9	10	11
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Mailing Address: _____

City: Bakersfield or _____ Zip: _____

Parent/Guardian E-Mail: _____
(this email will be used for communication before the start of camp and during camp)

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: _____ Expiration Date: _____

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

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

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

For EUD Use:	Date Received ___/___/___	Amount Due: \$ _____	Registered On: ___/___/___
	Received By: _____	Amount Paid: \$ _____	Registered By: _____

PLEASE COMPLETE EMERGENCY CONTACT INFORMATION AND LIABILITY WAIVER ON THE BACK

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.

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.

Accommodation Policy

If your child has a disability and requires academic accommodations to participate in this camp, please contact our office at 654-2441 with your request. We will coordinate with the Office of Services for Students with Disabilities in order to provide appropriate accommodations. Please make your request at least two weeks before the start of camp. Many accommodations such as ASL services require extra time to coordinate.

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

Waiver of Liability

Parent/Guardian Release

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

I am the parent or legal guardian of the Participant, I have the legal write to represent the Participant, next of kin, heirs, and other representatives in this manner. I understand the legal consequences of signing this document. The participant and I are voluntarily participating in this program. I release from all liability and promise not to sue the State of California, the Trustees of the California Statue University, California State University, Bakersfield, and their employees, officers, directors, volunteers, and agents (collectively "University") from any and all claims resulting in any physical or psychological injury, illness, damages, or economic or emotional loss my child may suffer because of participation in this Activity, including travel to, from, and during the activity. I have reviewed activities planned and approve of my child participating in all of the scheduled activities. Waiver of Liability is for all activities involved with this camp during the dates of June 15 to July 9, 2015.

Parent/Guardian Signature

Date

Please Provide the Following Information If Registering Your Child for Reading and/or Math Camp:

Reading Camp:

On my child's most recent report card their Reading Level was:

At Grade Level Below Grade Level Above Grade Level

Math Camp:

On my child's most recent report card their Math Level was:

At Grade Level Below Grade Level Above Grade Level

REGISTRATION DEADLINE -- JUNE 1