

Seven Habits Summer Workshop 2016

Registration Form

Child's Last Name _____ First Name _____

Age _____ Grade level fall 2015 _____ Date of Birth _____

Address _____

Parent/Guardian: _____ Relationship to Camper _____

Email Address _____ Cell/Work phone: _____ Home phone: _____

Emergency Contact: _____ Relationship to Child _____

Cell/Work phone: _____ Home phone: _____

Any special dietary or special instructions such as allergy/medical considerations: _____

Choose your Workshop day (Circle one)

Three separate workshops offered in July:

Monday - Friday from 9 am – 12 pm.

Workshop 1: July 11th – 16th

Workshop 2: July 18th – 22nd

Workshop 3: July 25th – 29th

Registration starts at 8:45 am at the conference room at Windy Hill Athletic Club.

Venue **Windy Hill Athletic Club**

135 Interstate North Pkwy SE, Atlanta GA 30339

Cost: \$650 non-refundable

Parent Signature: _____ Print Name: _____

Pay through PayPal below or mail check to:

Tutoring for Excellence, 772 Terry St. Atlanta, Ga, 30315.

Please make checks payable to Tutoring for Excellence

Seven Habits Summer Camp

Medical Permission for Treatment and Release Form

Child's Name _____ Date of Birth _____ Age _____

Name of Parents/Legal Guardians _____

Address _____ City/State/Zip _____

Home/Cell Phone: _____

EMERGENCY CONTACT:

Mother: _____

Cell phone _____ Work phone _____

Father: _____

Cell phone _____ Work phone _____

Other emergency contact: _____ Relation _____

Cell phone _____ Work phone _____

MEDICAL INFORMATION:

Any medical condition, medications or history of which an adult supervisor should be aware:

Child's Physician: _____ Phone _____

INSURANCE INFORMATION:

Medical Insurance Provider _____

Group number _____ Policy number _____

Insured's Name _____ Relation to camper _____

PERMISSION FOR TREATMENT

In the event of a medical emergency and a parent or other contact person named in the Seven Habits Camper Registration Form cannot be reached, I authorize a Tutoring for Excellence Adult to obtain emergency medical treatment for my child, and I further authorize any licensed physician to examine my child and render such medical and/or surgical treatment which, in such physician's reasonable judgment, may be deemed necessary for my child's health and safety.

RELEASE/HOLD HARMLESS

The undersigned hereby releases Tutoring for Excellence Adults from and against any and all liability arising out of participation in camp, including but not limited to all claims for personal injury while in Tutoring for Excellence – Seven Habits Summer Camp and/or all claims for medical services rendered.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Camper: _____