



New West Learning Center Registration Form for 2017 Spring & Summer Camps

Email: newwestlc@gmail.com

Phone: 443-546-3460

Family Information: (Please use one form for each student)									
Parent's name		English						English	
Home Phone				Cell Phone					
Home address									
Email address									
Student Information:									
Student	Name			Gender	Birth date	Relationship to Student #1		Class (circle days to come)	
Student 1				M F				Full Day or Half Day	
Student 2				M F				Full Day or Half Day	
Spring Camp (Circle): April 10 - April 14, 2017									
Summer Class Weeks (Circle the weeks your child/children will come)									
June 19 th - June 23 rd	June 26 th - June 30 th	July 3 rd - July 7 th	July 10 th - July 14 th	July 17 th - July 21 st	July 24 th - July 28 th	July 31 st - Aug 4 th	Aug 7 th - Aug 11 st	Aug 14 th - Aug 18 th	Aug 21 st - Aug 25 th
Emergency Contact Person (other than student's parents or guardians)									
() -									
Name		Relationship			Phone (good between 3pm and 8pm weekdays)				
() -									
Name		Relationship			Phone (good between 3pm and 8pm weekdays)				
() -									
Name		Relationship			Phone (good between 3pm and 8pm weekdays)				
Health Insurance Company					Policy Holder Name:				
Policy #									
Medication	Yes (if yes, list): No			Allergies			Yes (if yes, list): No		
<p>In an emergency, the school has my permission to take my child to the emergency room of the nearest hospital when I cannot be contacted. The hospital staff has my authorization to provide treatment, which a physician deems necessary for the wellbeing of my child. I relieve the school of any responsibility in case accidental injury occurs during all activities.</p>									
Parent's signature _____						Date _____			

Billing / Payment:

I understand that payment is expected in advance. I understand that all payments are final, there are no refunds. I understand that enrollment is assumed to be for the dates selected. Only students with current accounts are able to participate in Summer Camp events. NOTE: Please make checks payable to New West Learning Center. There will be a \$30 charge on returned checks.

Parent's Initial: _____

Physical Waiver:

In consideration of my minor child's participation in the activities of the New West Learning Center's Spring/Summer Camp, I acknowledge, agree to and understand that: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in fencing instruction and events. I further agree on behalf of myself, my heirs, and personal representatives, that NWLC/AAS, along with coaches, volunteers, employees, agents, teachers, instructors, drivers, officers and directors of this organization and affiliated organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the instruction or event, or as a result of equipment that may have been provided to me for these activities.

Parent's Initial: _____

Photo Release:

I certify that I am the parent/legal guardian of the participant listed on this form, and that I hereby grant the New West Learning Center / Academic Afterschool Center (NWLC /AAS) permission to use the likeness of my minor child in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the New West Learning Center / Academic Afterschool Center and will not be returned. I further irrevocably authorize NWLC/AAS to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the NWLC/AAS programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge NWLC/AAS from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Parent's Initial: _____

Medical Authorization:

I, the parent or legal guardian of the participant listed on this form, authorize the faculty or staff of New West Learning Center / Academic After School (NWLC/AAS), in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while participating in a NWLC/AAS activity during the period from June 20, 2016 through August 30, 2016. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Parent's Initial: _____

Parent/Guardian Signature _____ **Date** _____

<p>(Center Use Only) (Payment amount) _____ (Check #) _____</p> <p>(Received by) _____ Date _____</p>
