

Young Scientists Camp 2011 Registration Form

Student's Name: _____ Home Phone: (____) _____

Student's grade at school next year **2011-2012** _____ School Name _____

Home Address: _____
Street City Zip Code

Email Address: _____

Confirmation of registration will be sent electronically via e-mail.

Mother's Name: _____ Work Phone: (____) _____ Cell Phone: (____) _____

Father's Name: _____ Work Phone: (____) _____ Cell Phone: (____) _____

Family Physician: _____ Phone _____

If unable to contact parent(s) or guardians in the event of illness or accident please contact:

_____ Phone _____

_____ Phone _____

Consent: In the event of an accident or emergency, I (we) give permission for the program authorities to take my (our) child to any available doctor or hospital, or to request their services. YES _____ NO _____

* If you answered no, please advise the program of your preferred action (on a separate sheet of paper).

Insurance: My son/daughter (or ward) is covered under our family health/medical plan. YES _____ NO _____

Insurance Company _____ Policy Number _____

Transportation: Please list the names of people, other than parents, with whom your child may leave camp. If no names are listed your child will only be allowed to leave with the parents. **Unless permission is given in writing, no children may leave the camp un-chaperoned.** If your child attends another camp at CSULB in the afternoon please list that here. Camp staff will chaperone lunch and walk your child to the afternoon camp.

My Child is attending an afternoon camp at CSULB:

_____ 49er camp _____ Art Camp _____ Other camp _____

ALLERGIES: Some camps may be eating or using foods. What allergies does your child have?

MEDICATIONS: Please list any medications that your child may be taking: _____

What, if anything, do we need to know that would help your child be successful & happy at camp?

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Permission for Photography Release Form
Young Scientists Camp

I hereby grant permission to the California State University, Long Beach and to the Long Beach Unified School District to photograph my child/ward. I understand that such photos may be used for publicity purposes and/or illustrations in university information publications and multimedia presentations.

It is further understood that this use applies to segments of announcements, informational film clips, photographs and other uses necessary to provide information or advertisement for the production or product.

I hereby release, discharge and agree to hold harmless the California State University, Long Beach and Long Beach Unified School District, its members, successors and assigns, and those acting under their permission and on their authority from any liability to the extent permitted by law, for the preparation, processing or distribution of the production.

I, the parent and/or Legal Guardian of _____ do consent and grant my permission to all of the foregoing.

Signature of Parent/Legal Guardian

date

Unsatisfactory Behavior:

I (we) understand and agree that my (our) child will be dismissed from Young Scientists' Camp for any/all of the following reasons:

- *Continued disruptive behavior
*Damaging school property

- *Endangering or harming others
*Leaving campus without consent

Signature of Parent of Legal Guardian

Student Signature

Date

How did you hear about us? Internet Flyer Kidsguide Attended last year Other: _____

School News Friend Marquis on 7th Street

PAYMENT: # of students @ \$300 each = \$ _____ (\$25 sibling discount with a paid tuition, \$25 discount for CSULB employees)

Method of Payment:

Visa MasterCard Check (make checks payable to Young Scientists Camp)

Credit Card Account #: _____ Exp. Date: _____ Cardholder Name: _____

Complete this form & the liability waiver and them mail to:

Young Scientists' Camp, Dept. of Science Education, CSULB, 1250 Bellflower Blvd., Long Beach, CA 90840
Be sure to complete and submit all three pages of this form.

Young Scientists Camp 2011 Registration Form
CALIFORNIA STATE UNIVERSITY, LONG BEACH FOUNDATION
SUMMER CAMP 2011

Release and Waiver of Liability and Indemnity Agreement

Read Carefully Before Signing. This is a Release of Legal Rights.

In consideration of being permitted to participate in any way in the Young Scientists Camp Program indicated below and/or being permitted to enter for any purpose any restricted area (herein defined as any area where admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the below activity or event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agree that, if at any time, I feel anything to be unsafe; I will immediately take all precautions to avoid the unsafe area and refuse to participate further.
2. I/WE fully understand and acknowledge that:
 - (a) There are risks and dangers associated with participation in Young Scientists Camp events and activities, which could result in bodily injury partial and/or total disability, paralysis and death.
 - (b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
 - (c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including but not limited to, the Releasees named below.
 - (d) There may be other risks not known or are not reasonable foreseeable at this time.
3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.
4. I/WE hereby release, waive, discharge and covenant not to sue The State of California; the Trustees of the California State University; California State University, Long Beach; and California State University, Long Beach Foundation; Associated Students, Inc. and the 49'er Shops, and each of their trustees, officers, employees, and volunteers all for the purposes herein referred to as "Releasee" from all liability to the undersigned, my/our personal representatives assigns, executors, heirs and next of kin for any and all claims, demands, losses or damages and any claims or demands therefore on account of any injury, including but not limited to the death of the participant or damage to property, arising out of or relating to the event(s) caused or alleged to be caused in whole or in part by the negligence of the Releasee or otherwise.
5. I/WE hereby acknowledge that the activities of the event(s) are very dangerous and involve the risk of serious injury and/or death and/or property damage. Each of the undersigned also expressly acknowledges that injuries received may be compounded or increased by negligent rescue operations or procedures of the Releasees.
6. Each of the undersigned further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State in which the event in conducted and that if any portion is held invalid, it is agreed that the balance shall notwithstanding continue in full legal force and effect.

On behalf of the participant and individually, the undersigned parent(s) and/or legal guardian(s) for the minor participant execute this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releasees, the parent(s) and/or legal guardian(s) will reimburse the Releasee for any money, which they have paid to the participant, or on his behalf, and hold them harmless.

7. In the event of illness or injury, I do hereby consent to all x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I have read this release and waiver of liability, assumption or risk and indemnity agreement fully, understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be complete and unconditional release of all liability to the greatest extent allowed by law.

Activity or Event

Date

Parent or Legal Guardian Signature (if minor)

Parent or Legal Guardian Signature (if minor)

Name of Participant (Please Print)

Address of Participant