

RSIOC Summer Camp 2012

“40 Days Around the World”

Registration Form

CAMP FEES

(please check the session(s) in which you would like to enroll)

- Session I Regular Program (July 9 - Aug 3) \$800 if enroll by April 30; \$900 after April 30.
- Session I Academic Workshop (July 9 - Aug 3) \$700 if enroll by April 30; \$800 after April 30.
- Session II Regular Program (Aug 6 - Aug 31) \$800 if enroll by May 30; \$900 after April 30.
- Session II Academic Workshop (Aug 6 - Aug 31) \$700 if enroll by May 30; \$800 after April 30.
- Session I Extended Care \$100 if enroll by April 30; \$125 after April 30.
- Session II Extended Care \$100 by May 30; \$125 after April 30.

\$50 non-refundable deposit due w/. registration. Camp balance is due by June 22 (Friday). Space is limited.

Total amount enclosed: _____ Check #: _____ ; Or, charge my school account: _____

* Make checks payable to Renascence School International, OC

Registration is based on commitment to the entire session. There are no refunds or credits for missing a class.

Student's name: _____ Grade Level: _____

Birth Date: _____ Gender: _____ Phone : _____

Address: _____

I, _____, hereby give permission for my child, _____
(parent/guardian's name) (child's name)

to participate in the RSIOC Summer Camp 2012.

In consideration of permission granted to the above-named student to attend the summer camp, I hereby release and discharge the JWM Global Education, Inc. DBA Renascence School International, Orange County (RSIOC),

its franchisor, its agents, employees, officers and board members and others affiliated with the RSIOC from all claims, demands, actions, judgments, execution, and liabilities for all personal injuries, known or unknown, and injuries to property, real or personal, caused by, or arising out of, the RSIOC summer camp. I also agree to binding arbitration in the event a serious conflict, disagreement or dispute is brought by me, my family and/or my child against the RSIOC, its employees, its board of directors, its agents, its volunteers, and/or others affiliated with the school.

I further hereby authorize a representative of the RSIOC to consent to medical treatment of the above-named student in the event of an emergency during the summer camp.

I, the undersigned, have read this release and understand all its terms including the consent to medical treatment. I execute it voluntarily and with full knowledge of its significance.

Medical concerns/Allergies: _____

* Children who are not currently enrolled with RSIOC will need to provide California State Health Form or a Standard Pediatrics Well-Child Form by June 22, 2012 along with the camp balance in order to join the camp.

Additional Information:

Parents (home) phone #s: _____

Parents (Work) phone #s: _____

Parents (cell) phone #s: _____

Parent's Email address: _____

Emergency Contact Name: _____

Relation to Student: _____

Phone Numbers: _____

Name of Person authorized to pick up child from school: _____

Photo/Video Release

I hereby give permission for video, photo, digital and other images of me/us and/or my child, _____, captured during the summer camp, to be used by RSIOC, Renaissance School Group, LLC and Renaissance Schools International, SA solely for the purposes of hard copy and electronic promotional materials and publications and waive any rights of compensation or ownership thereto.

Printed Name Signature Date

Printed Name Signature Date

If two or more parents/guardians have parental rights/custody, all must sign.