

# STEM Action Teen Institution

## Summer Camp Registration Form

請於4月30日之前, 填寫, 打印並郵寄註冊表格至, 2404 W. Whittier Blvd., Montebello, CA 90640  
(僅受理郵寄報名, 請勿e-mail)

### Parent/Guardian - Contact Information

Parent/Guardian

\*Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Child lives with: \_\_\_\_\_

### Child

\*School Name \_\_\_\_\_ Grade \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_  
Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of June 30, 2018) \_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

### Medical Release Information

Insurance Information

\*Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_  
\*Primary Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem	Required treatment	Should paramedic be called?
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes\_\_\_ No\_\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes\_\_\_ No\_\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes\_\_\_ No\_\_\_ If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

### In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

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I understand that the STEM Action Teen Institution will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

**Please circle/specify how you heard about the STEM Action Teen Institution.**

Friend \_\_\_\_\_ Newspaper \_\_\_\_\_ Website \_\_\_\_\_ Facebook \_\_\_\_\_ Other \_\_\_\_\_

### Terms of Agreement

#### Photo Release

I hereby give permission for my child to be photographed during the **STEM Action Teen Institution Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of **STEM Action Teen Institution**.

#### Medical Release

The health history is correct so far as I know, and the person described has permission to engage in all prescribed camp activities except as noted. In Case of Medical Emergency, if I cannot be contacted, I hereby give permission to a camp representative and the physician he/she selects to secure proper treatment, including: hospitalization, ordering injections, giving anesthesia, x-rays, routine tests, treatment, transporting of child, or performing operations as may be urgently necessary for this child and to release reports necessary for insurance purposes for my son/daughter noted above. This form may be copied for emergency purposes. I understand that every effort will be made to contact the camper's responsible parent or guardian. I further understand that if I do not have medical insurance that covers all costs, I will be responsible for such medical costs.

#### Liability Release

In consideration of being permitted to participate in any way in the activities at and to attend STEM ACTION TEEN INSTITUTION, I, for myself, my child, my heirs, personal representatives or assigns, do hereby release wave, discharge, and covenant not to sue STEM ACTION TEEN INSTITUTION, its officers, employees, and agents, from liability from any and all claims including the negligence of STEM ACTION TEEN INSTITUTION, its officers, employees, and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to the activities and attendance at STEM ACTION TEEN INSTITUTION. The participation in activities at STEM ACTION TEEN INSTITUTION carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Activities at STEM ACTION TEEN INSTITUTION require a high level of physical fitness, I warrant that my child is physically fit and able to participate in all activities except those listed above. I also agree to INDEMNIFY AND HOLD HARMLESS STEM ACTION TEEN INSTITUTION, its officers, employees, and agents, from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, as a result of my child's attendance and involvement in any activities at STEM ACTION TEEN INSTITUTION, including any claim asserted by my child after he/she become an adult. I also acknowledge that I have read the above and understand that I am giving up substantial rights, including the right to sue. I acknowledge that I am signing freely and voluntarily, and intend by my signature to a complete and unconditional release of all liability to the greatest extent allowed by law

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_