



**2011 Summer Forensics Science Camp
June 6 - 10, 2011**

REGISTRATION FORM

PLEASE PRINT CLEARLY

Student Name: _____

School: _____ Teacher Name: _____

Parent/Guardian Name(s): _____

Mailing Address: _____ City _____ Zip _____

Email Address: _____

Daytime Phone: _____ Home Phone: _____

Emergency Contact Name: _____ Phone: _____

PARENT/GUARDIAN: Please initial beside each condition below and then sign at the bottom of the form.

_____ I understand that all camp forms and the camp fee must be **postmarked by May 13, 2011** for my student to be enrolled in the Summer Forensics Science Camp.

_____ I understand that the \$100 total camp fee is non-refundable, and I have attached a check or money order made payable to Rockdale Magnet Fund, Inc.

_____ I understand that any violation of the Rockdale County Behavior Code may result in immediate dismissal from the camp without refund of the camp fee.

_____ I understand that transportation will not be provided for the camp.

_____ I understand that my child will be ineligible for remaining camp days without refund of camp fee if he/she is not picked up by 12:00 noon.

_____ I understand that my child will be supervised by students, teachers, and staff of Rockdale Magnet School for Science and Technology.

Parent/Guardian Signature

Date





2011 Summer Forensics Science Camp

Medical History, Permission and Release Form

Student Name _____ Age _____

Address _____ City _____ Zip _____

In case of an emergency, notify: _____ Phone _____

Family Physician: _____ Phone _____

Family Insurance Company _____ Policy# _____

Insurance Company Address _____

IMMUNIZATIONS: ___ Tetanus ___ Polio Booster ___ Measles ___ Mumps

MEDICAL HISTORY

___ Asthma ___ Sinusitis ___ Bronchitis ___ Kidney ___ Heart ___ Diabetes

___ Dizziness ___ Stomach Upset ___ Hay Fever ___ Other _____

ALLERGIES: _____ Food (name) _____ Medication (name)

___ Poison Sumac, Oak or Ivy ___ Insect bites/stings Other _____

Previous operations or serious illnesses _____

Any current medications _____ Special Diet (name) _____

Childhood Diseases: ___ Chicken Pox ___ Measles ___ Mumps ___ Whooping Cough

Any medical needs of which adult supervisors should be aware: _____

PARENT/GUARDIAN:

My permission is granted for school supervisors to obtain necessary medical attention in case of sickness or injury of my student. I release and waive, and further agree to indemnify, hold harmless or reimburse the Rockdale County School District, the Board of Education, its successors and assigns, its members, agents, employees, and representative thereof, as well as trip supervisors, from and against any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during or in connection with the student's participation in the camp the rendering of emergency medical procedures or treatment, if any.

Parent/Guardian Signature

Date

