

Gateway Education

Summer Day Camp Form

Please fill out a separate registration form for each child attending. Registrations must be received by July 10th. Make checks payable to Gateway Education.

Child's Name: _____

Birth Date: _____

Additional children attending: _____

Parent's Name(s): _____

Address: _____

Please check which one you prefer to be contacted with:

Phone: _____

E-mail: _____

Amount Enclosed: # of kids _____ x \$200.00 = _____
(\$200.00 per child)

Scholarships are available! Contact Ron Cole at gatewayeducationawareness@gmail.com or (707) 954 7666 for more information.

Check one box:

My child is a strong swimmer and has had lessons.

My child swims a little (few or no lessons).

My child does not know how to swim.

In sending my child to Gateway Education Summer Day Camp, I understand that pictures of my child may be used to promote Gateway Education Programs. I give my consent. (Please check box)

How did you hear about Gateway Education?

<input type="checkbox"/> Radio	<input type="checkbox"/> Friend
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Internet
<input type="checkbox"/> School	<input type="checkbox"/> Other: _____

Send to:

**Gateway Education
212 Del Monte St
Crescent City, CA 95531**

Authorization to Consent to Treatment of a Minor

(I)(We) the undersigned guardian(s) of _____ a minor, do hereby authorize Gateway Education as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licenses under the provision of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. The authorization is given pursuant the provisions of Section 25.8 of the Civil Code of California.

The authorization shall remain effective until **July 30, 2011** unless sooner revoked in writing delivered to said agent(s).

INSURANCE INFORMATION

GATEWAY EDUCATION DOES NOT CARRY ACCIDENT INSURANCE ON YOUR CAMPER.

I have health or accident insurance.

Company Name

Policy or Group Number

MEDICATIONS

The camper is currently taking the following medications: _____

Please list any allergies: _____

Dietary Restrictions: _____

Parent/Guardian Signature: _____ Date: _____

Home Phone: _____ Emergency Phone: _____