

INSPIRE LEARNING INSTITUTE  
2016 S.T.E.M and Pre-Apprenticeship Summer Camp

REGISTRATION FORM

PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  Female  Male Age: \_\_\_\_\_

School: \_\_\_\_\_

Grade attended year 2015-2016: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ cell: \_\_\_\_\_

Parent email: \_\_\_\_\_



Please list ADA Accommodations needed: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Mother's day phone: \_\_\_\_\_ Father's day phone: \_\_\_\_\_

Mother's cell: \_\_\_\_\_ Father's cell: \_\_\_\_\_

Person's Authorized to pick up child: \_\_\_\_\_  
(Please provide a copy of their ID)

Other Dismissal Arrangements \_\_\_\_\_

Emergency contact\*: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Specify any of your child's health problems: \_\_\_\_\_

Is your child on any medication? No Yes If so, please specify: \_\_\_\_\_

Lunch and Snacks are included in the camp fee

**SUMMER CAMP LOCATION: Willow Pass Community Center  
2748 E. Olivera Rd., Concord CA 94519**

**Contact Information**

For more information, contact Evelyn Centeno, Executive Director at 925-876-1617  
Emails: [evelyn@inspirelearninginstitute.com](mailto:evelyn@inspirelearninginstitute.com)

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DROP OFF AND PICK UP TIMES AT THE CENTER**

Drop off time: 9:30 AM

Pick up time:

- 3:30PM
- A \$1 fee will be charged for every minute late after a 10 minute courtesy wait.

**REQUIRES PARENT’S SIGNATURE:**

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child \_\_\_\_\_ as they may deem advisable.

Parent/Legal guardian name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Allergies \_\_\_\_\_

Student Medical Problems \_\_\_\_\_

Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Policy number \_\_\_\_\_

I hereby give permission to **Inspire Learning Institute** to photograph and/or videotape the student for educational or promotional purposes. \_\_\_\_\_ (Initial)

**PARENT STATEMENT**

I hereby state that (camper’s name) \_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by **Inspire Learning Institute**, including but not limited to all aspects of cheerleading, basketball, and field trips.

I agree not to hold **Inspire Learning Institute** responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **Inspire Learning Institute**, or its scheduled program and that **Inspire Learning Institute**, has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**FAX TO: 925-957-1209 or  
MAIL TO: Inspire Learning Institute  
957 Country Run Dr. Martinez CA 94553**