

2019 ThinkBridge Camp Registration/Medical Information/Release

ThinkBridge

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**To be eligible to enroll in TB Camp, student(s) must be entering at least the 1st grade in the Fall 2019, and student(s) no older than completion of 6th grade by June 2019.*

Return PDF via email: psv.director@pacificasd.org. Or mail: Pacifica School Volunteers, 375 Reina Del Mar, Pacifica, CA 94044

Participant Information:

Name Age Date of Birth M / F *What grade is student starting in Fall 2018?

Home Address Street Apt # City Zip

1st Parent/Guardian Name Home/Work Phone Cell Phone (circle best phone #)

1st Parent/Guardian Email (please print carefully)

2nd Parent/Guardian Name Home/Work Phone Cell Phone (circle best phone #)

2nd Parent/Guardian Email (please print carefully)

CAMPER's T-shirt Size (Children): S M L XL (Campers receive a free T-shirt at the end of camp)

Payment Information:

ThinkBridge Camp Dates: Mon. June 17 – Fri. July 12, 2019. Camp hrs. 8:15 am–12:20 pm. Location: Vallemar School, Pacifica
Early Registration Discount to 4/23/19 (paid in full): One Camper: \$800 Two campers: \$1600 Three Campers: \$2400

Regular Registration Fee **after** 4/23/2019: One Camper: \$850 Two campers: \$ 1675 Three Campers: \$2500

For Regular Registration a 50% deposit is due to hold spot. Full payment must be received by Tuesday, June 4, 2019

I am enclosing a check payable to Pacifica School Volunteers in the amount of \$ _____

I am paying with credit card via PayPal, at **thinkbridgecamp.org** in the amount of \$ _____

Medical Information:

Primary Physician Phone # Insurance Provider Dentist Phone #

Medical/Special Needs: (please list below any allergies, medical conditions, medications or special considerations):

Medical and Publicity Release:

To be signed by parent or guardian for participants/campers under age 18.

Please Read: 1.) As a parent or guardian, I hereby authorize agents of ThinkBridge Summer Camp and Pacifica School Volunteers to administer first aid to the camper named above for minor injuries. As a parent or guardian, I hereby authorize the treatment of the camper named above by a qualified and licensed medical doctor/staff in the event of a medical emergency. This authorization is granted only after a reasonable effort has been made by the qualified and licensed medical doctor/staff to reach me. I agree to assume responsibility for expenses incurred in the handling of this emergency. I agree that I will hold ThinkBridge Summer Camp and Pacifica School Volunteers harmless from all bodily injury and property damage or loss due to any accident or occurrences arising out of my child's participation in ThinkBridge programs. 2.) ThinkBridge and Pacifica School Volunteers may take photographs and/or videos during ThinkBridge Summer Camp. These photographs and/or videos may be used in program publicity, newsletters, social media, and exhibits for educational and promotional purposes only. 3.) Any Think Bridge camper who is disruptive to camp or is harmful to campers, staff, volunteers or property will be removed from camp without refund of camp fees.

By signing this Think Bridge Registration form, you agree to all the terms and conditions stated above.

Signature of Parent/Guardian

Date