

# 2020 ThinkBridge Camp Registration/Medical Information/Release

ThinkBridge

think·create·innovate

*\*To be eligible to enroll in TB Camp, camper(s) must be entering at least the 1<sup>st</sup> grade in the Fall 2020, and student(s) no older than completion of 6<sup>th</sup> grade by June 2020.*

Return PDF via email: [psv.director@pacificasd.org](mailto: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 2020?

Home Address Street Apt # City Zip

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

1<sup>st</sup> Parent/Guardian Email (please print carefully)

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

2<sup>nd</sup> 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 15 – Fri. July 10, 2020. Camp hrs. 8:15 am–12:20 pm. Location: Vallemar School, Pacifica  
Early Registration Discount to 4/17/20 (paid in full):  One Camper: \$800  Two campers: \$1600  Three Campers: \$2400  
Regular Registration Fee **after** 4/18/2020:  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 2, 2020

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