



Summer Day Camp Registration

School _____ Teacher _____

Program Title _____ Location _____ Start _____ End _____

Program Title _____ Location _____ Start _____ End _____

Program Title _____ Location _____ Start _____ End _____

Student Name _____ Birthdate _____ Male Female Age _____

Health Concerns, operations / serious injuries / diseases / restrictions on physical activity?

Parent Information

Name (a) _____ Email _____

Name (a) _____ Email _____

Mobile phone (a) _____ Mobile phone (b) _____

Address _____ City _____ State _____ ZIP _____

Assumption of Risk Waiver

Parent/Legal Guardian is required to sign authorization and waiver below to acknowledge understanding and agreement of the content.

In a condition of the participation of my child in YSciT's Day Camp program at the Carmichael Presbyterian Church, I agree, on behalf of myself and my child, **to make no claims or file any lawsuits** against YSciT (Young Scientist in Training) or any of its agents or employees or volunteers for any loss or damage to my child's personal property or for any injury to my child. To the maximum extent permitted by law, this liability waiver will apply regardless of whether the injury or damage was caused by the negligent act or omission of YSciT (Young Scientist in Training) or anyone acting on its behalf. I further agree to defend, indemnify and hold harmless YSciT (Young Scientist in Training) its agents, employees and volunteers against liability for any claims, lawsuit, losses, damages or expenses arising out of any personal injury or property damage caused by my child in connection with his participation in Day Camp.

I do hereby **authorize** YSciT (Young Scientist in Training) as agent for the undersigned, to consent with respect to said minor, to emergency medical treatment if required. I understand that YSciT (Young Scientist in Training) is not responsible for the cost incurred for medical care.

Photo Release and Behavior Policies

I hereby grant unrestricted use of video, audio tracks, or text by YSciT (Young Scientist in Training) for such purposes as YSciT (Young Scientist in Training) may deem appropriate. I hereby release and discharge YSciT (Young Scientist in Training), its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right.

Student safety is our top priority. Students are expected to follow the peace contract by keeping hands and feet to themselves, listening to all instructions and staying with the group.

PARENT/GUARDIAN (PRINT) _____

SIGNATURE _____ DATE _____

YSciT - Young Scientists in Training does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

Mailing Address: YSciT | PO Box 1601, Carmichael, CA 95609 | 916.410.3959

Register by Email and online: | Sign and complete all forms | info@YSciT.org

In-Person: Please call for an appointment | 916.410.3959