***Cal****ifornia Institute**for***G**lobal **E**ducation

1130 Fremont Blvd Suite 105-158, Seaside, CA 93955  
http://www.CalGE.org

**Technology, Innovation & Design Experience Summer Camp**

**AT CSU MONTEREY BAY, JULY 9-20, 2018 REGISTRATION FORM**

*APPLICANT*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME: |  | | | | |  | | | | |  | | | | |
|  | | (Last) (First) | | | | | | | | | (Likes to be called) | | | | |
| DATE OF BIRTH: | | |  | | | |  |  | MALE | | |  | FEMALE | |  |
|  | | | | | (Month/Day/Year) | |  |  |  | | |  |  | |  |
| PRESENT SCHOOL: | | | |  | | | | | | GRADE IN SEP 2018: | | | |  | |
|  | | | |  | | | | | |  | | | |  | |
| EMAIL: | | | |  | | | | | | | | | | | |

*PARENT/GUARDIAN*

|  |  |  |  |
| --- | --- | --- | --- |
| NAME: |  | RELATIONSHIP: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ADDRESS: | |  | | | | | | |
|  | | Street City State Zip | | | | | | |
| PHONE: |  | |  | |  | EMAIL: |  | |
|  | Home | | | Cell | |  | |  |

*EMERGENCY CONTACTS*

|  |  |  |  |
| --- | --- | --- | --- |
| NAME: |  | RELATIONSHIP: |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PHONE: |  | |  | |  | | EMAIL: |  | | |
|  | Home | | | Cell | | |  | |  | |
| NAME: | |  | | | | RELATIONSHIP: | | | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PHONE: |  |  | |  | EMAIL: |  | |
|  | Home | | Cell | |  | |  |

**TIDE@CSUMB 2018 REGISTRATION FORM CONTINUED**

ALLERGY/MEDICAL INFORMATION

|  |  |
| --- | --- |
|  | Check here if this student has any special meal and health needs. Please make note below. |
|  | Check here if this student requires medication while on camp and field trips. Please make note below. |
|  | Check here if there are **NO** special problems that the staff should be aware of and **NO** medications are |
|  | required while on camp and field trips. |
| **Please describe this student’s health problem and any special meals or health measures needed other than medication:** | |
|  | |
|  | |

**Parent Permission: I hereby request that a member of the camp staff designated by the program director in administering medication to my child.**

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian Signature | **X** | Date: |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Family Medical Insurance Carrier |  | Policy Number |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | |
| Applicant Signature | Date |  | Parent/Guardian Signature | Date |