

2010 Girlstart Summer Camp Waitlist Registration Form

Please complete this form to register your daughter for Girlstart Summer Camp WAITLIST. This **form** can be submitted as soon as the desired summer camp is full. Please print all information carefully. **Incomplete forms will not be processed.**

We appreciate your understanding as online waitlist registration is not available. For questions, call 512-916-4775 or email camps@girlstart.org. **Fax completed forms to 888-852-6481 OR Mail to:**

Girlstart Summer Camp
1400 W. Anderson Lane
Austin, Texas 78757

A transfer confirmation email will be sent as soon as a space for the requested date is available. You must pay the full balance for the camp within one week from the email notification to keep your space. After one week, your registration will be moved back to the waitlist. Camp fees include a **\$50 non-refundable** fee. **Refunds are given in the event of cancellations before May 29, 2009.** Camps that do not fill are subject to cancellation and full refund.

Full scholarships are available for girls based on need and financial hardship. If you would like to apply for a scholarship, please contact Girlstart at 512-916-4775.

*****Please follow STEP 1- 4 to complete your registration*****

STEP ONE: REGISTRATION INFORMATION Please circle camp date(s) for which you are registering:

Designer Paradise (6th-8th graders)

June 7 – 11

Dive In (6th-8th graders)

June 14 – 18

Camp Prices

The cost per camp is **\$350.00**

Payment due when transferred off
waitlist.

Student First Name: _____ **Student Last Name:** _____

Age: _____ **Date of Birth (MM/DD/YYYY):** _____

School: _____ **Entering grade in Fall 2010:** 4 5 6 7 8

Please circle student's t-shirt size (adult sizes): XS S M L XL

For reporting purposes, please indicate your student's ethnicity: (optional)

African American Asian-American Caucasian
 Latina/Hispanic Native American Other, please state _____

Annual Household Income:

\$0 - \$19,999	\$20 - \$39,999	\$40 - \$44,999
\$45 - \$50,999	\$51 - \$59,999	\$60 - \$89,999
\$90 - \$119,999	\$120 - \$149,999	\$150 +
Decline to Respond		

Number of members in household _____ **Circle one:** Single income household Two income household

Is your daughter receiving free or reduced lunch at school? Yes No

Primary Language Spoken in your home: English Spanish Other _____

Parent First Name: _____ **Parent Last Name:** _____

Parent Email Address: _____

Highest Level of Parent Education:

Up to 8 th grade	Some High School	High School Graduate
Some College	College Graduate	Masters or PhD Degree

Parent Age: 25 and under 26-30 31 and over

Employer: _____ **Position:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Home Address: _____ **City:** _____ **State** _____ **Zip:** _____

How did you hear about Summer Camp? (please be specific) _____

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All known food and/or drug allergies: _____

Any medical conditions or learning disabilities of which we should be aware: _____

Please include any medical papers necessary in case of emergency

Any medications she will be taking while in our care: _____

Non-prescription medication and prescription medication must be signed-in during camp.

STEP TWO: PAYMENT DUE WHEN TRANSFERRED OFF WAITLIST TO CAMP

STEP THREE: IMMUNIZATION RECORDS All registration forms must be accompanied with a record of immunizations (including date of last tetanus shot) and a record of all allergies. ***If your daughter attended Girlstart Summer Camp in the past, immunization records must be resubmitted.***

STEP FOUR: PERMISSION FORM

My daughter/ward, _____, has my permission to participate in the Girlstart Summer Camp in Austin, Texas.

I understand that as a part of Girlstart, my daughter/ward may be videotaped, audiotaped, interviewed, and/or photographed and agree to allow Girlstart to keep, as Girlstart's property, the products of such videotaping, audio taping, interviewing, and/or photographing and I agree that such material, along with my child's name may be used, and posted on the Girlstart Website, for promoting the Girlstart program and in any publicity generated by Girlstart. I also understand that my daughter/ward may be asked to do or participate in projects that may also be used by Girlstart for publication in a variety of forums including the Girlstart newsletter, website, and other publications, and that no compensation will be paid for such use.

I understand that by participating in Girlstart, my daughter/ward becomes part of a program/study concerning girls and their attitudes toward math and science. I hereby grant permission for my daughter/ward to participate in this program/study. I further understand that Girlstart will only release the information in accordance with Girlstart policies and procedures.

I understand that participating in Girlstart allows my daughter/ward no special rights or expectations regarding Girlstart, including the right to sue any party involved in the implementation and execution of the Girlstart programs. I agree to hold harmless Girlstart, their agents and employees from all claims, damages, losses, injuries and expenses arising out of or resulting from participation in these activities. I further agree not to sue Girlstart, their agents and employees for any actions or causes of action, including the negligence of Girlstart arising out of participation in this program.

Parent/Guardian Signature

Date

During the hours that Girlstart is in session, I, _____, can be reached at _____ (cell) or _____ (home). If I cannot be reached in the event of an emergency, the following adults are authorized to act in my behalf:

Name: _____ **Relationship to girl:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

If neither the authorized persons designated above nor I can be contacted in the event of an emergency, I authorize the adults in charge at the Girlstart program to contact the physician below at my expense for whatever treatment the attending physician recommends. I have notified Girlstart of all medical and health conditions that my daughter has had or currently has. In the event of an emergency or if the physician designated below is not available, I hereby give permission for transportation to any medical facility or hospital and I authorize any qualified person or medical personnel to render necessary emergency medical care for my family and myself.

(Please print the doctor's full name below.)

Name: _____ **Phone:** _____

Address: _____

Signed: _____ (Parent or Guardian)