

# Summer at the Ridge 2011 ~ Registration Form

Please fill out one registration form per participant. Please review the Registration, Payment Procedures and Cancellations/Refunds on page 3 of the catalog. Visit our website at [www.sageridge.org/summer](http://www.sageridge.org/summer) for course updates, changes, or cancellations prior to sending in your registration. Please contact us with any questions.

**Registration begins March 19 from 1:00-3:00 pm at Sage Ridge School ~ 2515 Crossbow Court, Reno, NV 89511 ~ 775-852-6222**

## Participant's Name

Last \_\_\_\_\_ First \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ M or F  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone# ( ) \_\_\_\_\_ Current School \_\_\_\_\_ Entering Grade in Fall "11 \_\_\_\_\_  
 With whom does the participant live? \_\_\_\_\_ Are you enrolled at SRS in the Fall? Yes or No

## Primary Contact (Mother/Father/Guardian)

Name(s) \_\_\_\_\_ Daytime Phone # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_  
 Best Email \_\_\_\_\_  check box for the same address as participant, or Home # ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

## Secondary Contact (Mother/Father/Guardian)

Name(s) \_\_\_\_\_ Daytime Phone # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_  
 Best Email \_\_\_\_\_  check box for the same address as participant, or Home # ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

**Summer T-Shirt Included** - Please circle size      Child XS S M L XL      Adult XS S M L XL

## How did you hear about Summer at the Ridge? Please check all that apply.

Current SRS Family    Friend of SRS Family    SRS Website    Brochure from my child's school    Friends who attended last summer    Newspaper Ad    Received Flyer in the Mail  
 Other \_\_\_\_\_

**Instructions:** Please register for all weeks you plan to attend for all 1/2 day classes. For longer courses, you only need to enter the complete information once. After that, only the class title is necessary.

### Session 1: June 20-24

Morning Class 9:00-12:00:    Title \_\_\_\_\_ (11A) Grade Level \_\_\_\_\_ 3-Digit Code \_\_\_\_\_ Cost \_\_\_\_\_ Deposit \_\_\_\_\_  
 Afternoon Class 12:30-3:30:    Title \_\_\_\_\_ (12P) Grade Level \_\_\_\_\_ 3-Digit Code \_\_\_\_\_ Cost \_\_\_\_\_ Deposit \_\_\_\_\_  
 Extended Care Weekly Fee \$60     7:45-9:00 am                       3:30-5:30 pm      Late pick-up will be charged at \$1 per minute.      Cost \_\_\_\_\_

### Session 2: June 27- July 1

Morning Class 9:00-12:00:    Title \_\_\_\_\_ (23A) Grade Level \_\_\_\_\_ 3-Digit Code \_\_\_\_\_ Cost \_\_\_\_\_ Deposit \_\_\_\_\_  
 Afternoon Class 12:30-3:30:    Title \_\_\_\_\_ (24P) Grade Level \_\_\_\_\_ 3-Digit Code \_\_\_\_\_ Cost \_\_\_\_\_ Deposit \_\_\_\_\_  
 Extended Care Weekly Fee \$60     7:45-9:00 am                       3:30-5:30 pm      Late pick-up will be charged at \$1 per minute.      Cost \_\_\_\_\_

### Session 3: July 5-8 (4-days only)

Morning Class 9:00-12:00:    Title \_\_\_\_\_ (35A) Grade Level \_\_\_\_\_ 3-Digit Code \_\_\_\_\_ Cost \_\_\_\_\_ Deposit \_\_\_\_\_  
 Afternoon Class 12:30-3:30:    Title \_\_\_\_\_ (36P) Grade Level \_\_\_\_\_ 3-Digit Code \_\_\_\_\_ Cost \_\_\_\_\_ Deposit \_\_\_\_\_  
 Extended Care Weekly Fee \$60     7:45-9:00 am                       3:30-5:30 pm      Late pick-up will be charged at \$1 per minute.      Cost \_\_\_\_\_

### Session 4: July 11-15

Morning Class 9:00-12:00:    Title \_\_\_\_\_ (47A) Grade Level \_\_\_\_\_ 3-Digit Code \_\_\_\_\_ Cost \_\_\_\_\_ Deposit \_\_\_\_\_  
 Afternoon Class 12:30-3:30:    Title \_\_\_\_\_ (48P) Grade Level \_\_\_\_\_ 3-Digit Code \_\_\_\_\_ Cost \_\_\_\_\_ Deposit \_\_\_\_\_  
 Extended Care Weekly Fee \$60     7:45-9:00 am                       3:30-5:30 pm      Late pick-up will be charged at \$1 per minute.      Cost \_\_\_\_\_

**Deposit Due:** \_\_\_\_\_  
**Total Cost:** \_\_\_\_\_

## Terms of Agreement

I have read all policy information for summer programs on page 3 of the catalog and agree to all terms. This includes: registration procedures, \$50 non-refundable deposit per class, tuition due by June 1st, cancellation/refunds/change requests. Once your courses are confirmed, we will send you a schedule and invoice.

**Photographic Consent:** Summer at the Ridge regularly photographs students in classroom activities and on campus for use in promotional material either in print or on the Sage Ridge School website. It is our policy not to directly associate a child's name with a photograph of the child. If you do not grant consent, please contact the program director by email or phone.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Summer at the Ridge 2011 ~ Emergency Release Form

Please **PRINT** all information clearly.

Participant's Name (Last, First): \_\_\_\_\_

## Medical Information:

Name of Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address of Family Physician: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Date of last tetanus: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Known Allergies (please state if life-threatening): \_\_\_\_\_

Other Medical Conditions or Chronic Injuries: \_\_\_\_\_

Previous surgeries or significant injuries (explain each): \_\_\_\_\_

\_\_\_\_\_

Current Daily Prescription Medications: \_\_\_\_\_

## Required: Liability Release

Please read below and sign and/or initial in all locations.

I (we) the undersigned hereby release Summer at the Ridge and its employees from liability for any injury sustained while under the supervision of a Summer at the Ridge Staff member who is exercising his/her responsibilities in a reasonable and prudent manner.

Full authorization is given for the administration of any medical treatment deemed necessary by a licensed trainer or medical practitioner and/or the transfer of my son/daughter to any licensed hospital or emergency clinic reasonably accessible. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide "Authority and Power" on the part of the school authorities to provide reasonable care.

Required: Parent/Guardian Signature: \_\_\_\_\_

In the event of a disaster, such as an earthquake, all participants will be kept at the school or pre-determined safe place until a pre-designated adult comes to sign the participant out.

Required: Parent/Guardian Signature: \_\_\_\_\_

## Optional: Consent for Non-Prescription/Over the Counter Medication

The undersigned parent or guardian gives permission for Summer at the Ridge, through school staff, to administer non-prescription medication, acetaminophen (Tylenol), ibuprofen (Advil), or Cough/Throat Drops which will be provided by the school, as requested and needed by the student. The parent or guardian hereby expressly relieves employees from any liability for the administration of such medication.

Required: Parent/Guardian Signature: \_\_\_\_\_

## Optional: Consent and Request for Prescription Medication

Name of Medication: \_\_\_\_\_,

Dosage of Medication: \_\_\_\_\_,

Time Medication is to be Administered: \_\_\_\_\_,

The medication listed above will be provided by the parent/guardian of the participant to the Summer at the Ridge leaders, in the original prescription bottle. The undersigned parent or guardian agrees to assume all responsibility for maintaining the supply of the medication and replacing such medication when its effectiveness has lapsed.

The undersigned parent or guardian hereby requests Summer at the Ridge, through school staff, to administer to the participant the above described medication and consents to the administration of such medication during the school day. The parent or guardian hereby expressly relieves Summer at the Ridge employees from any liability for the administration of such medication.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_