

Coral Academy of Science Summer Camps Consent Form

WHEN?

- ✓ Date: Saturday, July 18th, 2009
Saturday, July 25th, 2009

Saturday, July 18th, 2009

- ✓ Meeting at school at 2:30pm,

Saturday, July 25th, 2009

- ✓ Potluck BBQ - 10:00am-2:00pm (Location: TBA)
- ✓ Pick up your child after the BBQ

HOW MUCH?

- ✓ \$350 (*Non Refundable - Please make checks payable to Coral Education Corporation*)

WHERE to Meet?

- ❖ CORAL ACADEMY OF SCIENCE
1350 E. Ninth St. Reno, NV 89512

WHAT TO BRING?

- Please bring your Sleeping Bags
(Everything you may need for a week.)

Mr. Idil: (775)323-2332/106 – cell: (775)378-9716 – eidil@coralacademy.org
Mr. Ocel: (775)323-2332/115 – cell: (775)772-2283 – zocel@coralacademy.org

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I am giving permission for my child to ride with the teachers or other parents (Please check)

I _____ am the _____
(Name of the Parent/Guardian) (Father, Mother, Custodial Parent, Legal Guardian)

of _____, a student at Coral Academy of Science in the _____ grade.
(Student's name)

I hereby consent to the above-named child to attend these School Camps.

In consideration of the child being allowed to participate in the School Camps, on behalf of my child, my spouse, and myself, I hereby assume all risks in connection with the School Camps and I further release, discharge, and/or otherwise indemnify Coral Academy of Science, its administrators, teachers, employees, volunteers from all claims, judgments, liability by or on behalf of my child, myself and my spouse for any injury or damage due to child's participation in the School Camps including all the risks connected therewith whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child.

I fully understand what is involved in the School Camps and I understand that I have the opportunity to call the teacher and ask him/her about the School Camps.

Parent /Guardian Signature

Date

EMERGENCY CONTACT PHONE NUMBER