PLEASE TYPE OR PRINT CLEARLY
Use a separate form for each registrant

Children's Programs

Summer Camps and Classes for Kids and Teens

Co-sponsored by the Art Department & University Extended Education at Cal State Fullerton

☐ Male ☐ Female _____
Social Security Number of Child

Last Name of Child | First Name | MI

Birth Date | Grade Level in Fall 2010 | Age

Last Name of Parent | First Name | MI

Home Address | City | State | Zip

Day Telephone | Ext. | Evening Telephone | Email Address

School Now Attending

Payment Options

☐ Check enclosed (Payable to CSUF. No cash please.)

☐ Charge to: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover _____
Card # | Expires

Cardholder Name | Signature

Requests to place your child with a friend in the program will be accepted only in writing on this registration form. The request must be received no later than one week before the camp starts and we will do our best to accommodate you. Please remember children are divided into appropriate age groups. (Art camp only.)

Name of Friend

Please Choose: Photo Consent. I give permission for my child to be photographed during Children's/Teens' Programs. I understand that any photographs taken may be used in University Extended Education brochures, catalogs and other marketing materials.

☐ Yes ☐ No Parent's Signature/Date: _____

Medical Information and Release of Liability for a Minor

I understand that neither the State nor the University provides health or accident insurance for participants, and that we are urged to have an adequate health and accident insurance policy of our own. I do hereby consent to any first aid or other medical treatment or referral and care deemed necessary, by the State or qualified physician, for my child. I agree to be responsible for any and all medical expenses incurred, and to use my own medical insurance as a primary resort should illness or injury occur.

Further, I agree to provide for, and be responsible for, the transportation and care of my child until, and immediately following, each class session. In consideration of being allowed to participate in this class activity, I hereby release, hold harmless and forever discharge the State of California, the Trustees of the California State University, and each and every member, officer, agent and employee of each of them from all claims, causes of action or demands of every kind against any of them which I may have in the future by reason of any accident, sickness or injury to myself or any member of my family during the course of any class or activity or while traveling to or from the site of any class or activity or California State University, Fullerton.

Student's Name

Known medical conditions or allergies that could affect your child during camp/class hours: _____
Serious medical conditions or allergies that could affect your child during camp/class must be put in writing and discussed with the camp director/instructor.

Additional persons who may be contacted in case of emergency:

Name | Phone | Name | Phone

I have read, understood and agree to the above listed terms.

Parent's Name | Phone | Parent's Signature | Date

Schedule #	Dates	Session	Fee
		TOTAL FEES	

Refund Policy: To receive a full refund, less $10, these classes must be dropped by 6 p.m. on the Friday before the first class. For information regarding refunds once classes have begun, please contact Extended Education at 657.278.2611.

#6979 2/10

How did you hear about this program?

Mail: Cal State Fullerton, Attention: Judy Strong
University Extended Education (UEE) Registration
P.O. Box 6870, Fullerton, CA 92834

In Person: UEE Student Services, Cal State Fullerton
2600 Nutwood Ave., Suite 100, Fullerton

We cannot accept online reservations for this program.
Questions? Call 657.278.5836 or 657.278.2796