



Scholarship:
Paid:
Camper #:

Registration Form

Please fill out a separate registration form for each child attending.
Interviews, registration & payment must be completed 2 weeks prior to program start.
Attendance is based on first come/first served basis.

All applicants are required to interview. Please call 707 954 7666 to make an appointment.

Child's Name: Birth Date: Age:

Parent's Name(s):

Address:

Phone: E-mail:

(Please provide both and check which one is your preference.)

Scholarship assistance is available. If interested, please inquire at interview.

Survival Day Camp - Week 1, June 24 – June 28 (Ages 9 - 12) Week 2, July 6 – 10 (Ages 13 - 18) **\$475**

Advanced Camp - July 26 – 28 (Ages 13 - 18) **\$475**

Disc Golf Camp - August 5 – 9 (Ages 11 - 15) **\$475**

Advanced Disc Golf Camp - August 16 – 18 (Ages 11-22) **\$425**

Wild Harvest Adventure - August 24 – November 2 (Ages 11 - 26) **\$400**

Amount Enclosed - \$

Make checks or Money Orders payable to Gateway Education
900 Northcrest Dr. #105, Crescent City, CA 95531
Paypal – gatewayeducationawareness@gmail.com (Please text confirmation)
Contact Ron Cole (707) 954 7666 for more information.

Check one:

- My child is a strong swimmer and has had lessons.
- My child swims a little (few or no lessons).
- My child does not know how to swim.

In sending my child to a Gateway Education program, I understand that pictures of my child may be used to promote Gateway Education programs.

I give my consent: Yes No

How did you hear about Gateway Education?

Radio Word of mouth Newspaper Social Media School Other:

Authorization to Consent to Treatment of a Minor

(I)(We) the undersigned guardian(s) of a minor, do hereby authorize Gateway Education as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licenses under the provision of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. 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 of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. The authorization is given pursuant the provisions of Section 25.8 of the Civil Code of California.

The authorization shall remain effective until December 31, 2025 unless sooner revoked in writing delivered to said agent(s).

INSURANCE INFORMATION:

GATEWAY EDUCATION DOES NOT CARRY ACCIDENT INSURANCE ON YOUR CAMPER.

I have health or accident insurance: Yes No

Company name: Policy or Group number:

MEDICATIONS:

Please list any medications the child is currently taking:

ALLERGIES:

Please list any allergies the child has:

DIETARY RESTRICTIONS:

Please list any dietary restrictions the child has:

Parent / Guardian Signature: **Date:**

Home Phone: **Emergency Phone:**