COLUMBUS ACADEMY 2012 SUMMER EXPERIENCE **UPPER SCHOOL REGISTRATION FORM**

Student Information

First Name | Last Name | Birthdate / / | Gender F M

Grade in Fall 2012 | School Name | District (if applicable)

Home Address | City | State | Zip

Parent/Guardian Information

Name | E-mail*

Relationship | Home Phone | Cell Phone | Work Phone

Name | E-mail*

Relationship | Home Phone | Cell Phone | Work Phone

**Registration confirmations and other important information will be sent to this e-mail address.*

Emergency Contact Information *Please list someone other than parents. Emergency Contact will only be contacted if parents cannot be reached.*

First Name | Last Name | Phone 1 | Phone 2

Medical Information

Allergies/Chronic Medical Conditions

Current Medications

T-Shirt Size *No additional cost. Please circle one.*

Youth XS S M L Adult S M L XL

Program Title	Dates	Time	Cost

PARENT/GUARDIAN AUTHORIZATION AND RELEASE

☐ Yes ☐ No I permit *CA Summer Program* to use, in whole or in part, photographs of my child in school communications.

☐ Yes ☐ No I give permission for my child to participate in supervised swimming activities as part of his/her *CA Summer Program* schedule.

Signature *(optional)* _____

• I authorize my child to participate in the *CA Summer Program*. I release and forever discharge The Columbus Academy and its trustees, employees, agents, their heirs, successors and assigns, either jointly or severally, from any and all claims, damages, obligations, causes of action or suits, resulting from bodily injury to my child or damage to or loss of my child's property arising from participation in this program and any travel related thereto.

• In case of emergency, if parents, emergency contact person, or child's physician cannot be reached by phone, I authorize *CA Summer Program* to arrange for emergency medical treatment inclusive of surgical intervention for my child, and I agree to assume liability for any medical expenses incurred.

Signature *(required)* _____

REGISTRATION DEADLINES AND FEE ASSESSMENT

Registration is not complete until payment is received. All fees are due by 3:00 pm on May 18, 2012, for sessions I through V and June 15, 2012, for sessions VI through X. Cancellations or changes made prior to the appropriate deadline will incur no penalty and will be refunded in full. Cancellations made after the deadline date will be refunded at 25% of the program fee. If registrations are received after the deadline, a fee of 10% of the total will be assessed. Changes to schedule made after the deadline will be charged a nonrefundable fee of $25 per child registered.

REGISTER ONLINE AT WWW.COLUMBUSACADEMY.ORG.

PAYMENT INFORMATION

Acceptable forms of payment include:

- **Check:** payable to Columbus Academy
- **Online payment:** intranet.columbusacademy.org
  Choose: Parents > Tuition and Incidental Charges
  Choose: click here for **Credit/Debit Card** payments* or click here for **Checking or Savings** payments

**3.75% convenience fee applys for credit/debit payments. VISA is not accepted.*

Sessions I - X
Total Amount $

Total Late Fees $

Grand Total $

Please send completed registration forms to:

Columbus Academy
Attn: Summer Experience
4300 Cherry Bottom Road
Gahanna, OH 43230

summer office: 614.509.2267
summer fax: 614.509.2519
summer_experience@columbusacademy.org

For business office use only: *check# or ACH* _____ *date received* _____ *amount $*_____ *received by* _____