

# Summer Quest Preview Day Registration Form

St. Mary's School 816 Black Oak Dr. Medford, OR 97504 541.773.7877

[www.smschool.us/summerquest](http://www.smschool.us/summerquest)

Please complete and return registration form with payment to:

**Summer Quest Programs Director, St. Mary's School, 816 Black Oak Dr., Medford, OR 97504**

Please copy this registration form or download another registration form from our website for additional participants.

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Current Grade \_\_\_\_\_ School child currently attends \_\_\_\_\_

## Age Level Selection:

Please check the appropriate box for the participants age level:

2<sup>nd</sup>-3<sup>rd</sup> Grade

4<sup>th</sup>-5<sup>th</sup> grade

6<sup>th</sup>-8<sup>th</sup> grade

**Total Cost for day: \$25.00**

I understand that there will be no refunds of tuition in the event of absence or withdrawal of any participant, regardless of illness, voluntary withdrawal or dismissal from the program for unsatisfactory conduct.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that throughout the summer preview day, pictures of participants will be taken and may be used to promote Summer Quest programs in its marketing, promotional, and advertising programs.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent/Guardian Consent and Emergency Release

I hereby waive and release St. Mary's School and its staff from any and all liability arising out of or in connection with attending and participating in a St. Mary's summer school course.

As a parent or guardian, I hereby give my consent for the responsible leader to authorize necessary hospitalization or treatment, including injections, anesthesia, surgery, and medication, should an accident or other medical emergency occur during a trip or activity and the responsible leader is unable to reach me.

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Phone Numbers: Work \_\_\_\_\_ Cell \_\_\_\_\_

Alternate Contact in Case of Emergency: Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies/ Medical Conditions: \_\_\_\_\_

St. Mary's Summer Quest reserves the right to cancel a program due to insufficient enrollment. Full refunds are automatic only when a class is canceled. For further information, contact Katie Miller, Summer Quest Director, 541.773.7877 ext. 3126.

St. Mary's Summer Quest Office Use Only:

Check # \_\_\_\_\_ Amt. \_\_\_\_\_ Date Rec. \_\_\_\_\_ Amt Due \_\_\_\_\_