Summer Quest Registration Form

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

Grade for Fall of 2009 _____ School child plans to attend _____

T-Shirt Size (included with all courses except adult) YS YM S M L XL

Course Selection:

Program Title	**Dates**	**Time**	**Cost**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal Cost $ _____

***Early Bird Registration applies if received on or before March 14, 2009**

Early Bird Registration (Subtract 10%) _____

Total Cost $_____

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. Refunds will only be made if the request is made in writing before June 24, 2009.

Parent/Guardian Signature _____ Date_____

I understand that throughout the summer, 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 _____