

Dr. Shen's Mathematics Academy

Summer Camp Registration Form (2017)

STUDENT INFORMATION:

Last Name *: _____ First Name *: _____ MI: _____

Sex*: _____ Current Grade (Spring Semester)*: _____ Age: _____

Current School _____

List mathematics courses the student has taken /is taking (or will take in the summer):

PARENTS / GUARDIAN CONTACT INFORMATION:

Mother's Name*: _____ Email* _____ WeChat Id _____

Day Time Phone* _____ Night Phone: _____

Father's Name*: _____ Email* _____ WeChat Id _____

Day Time Phone* _____ Night Phone: _____

Mailing Address * _____ City: _____ State: _____ Zip:* _____

Alternative Contact

Full Name: _____ Relationship to student _____

Day Time Phone: _____ Night Phone: _____ Email: _____

EMERGENCY CONTACT:

Name: _____ Relationship to student: _____ Phone: _____

Student Physician's Name*: _____ Phone*: _____ Hospital: _____

SUMMER CAMP REGISTERED FOR:

___ Geometry--Level 1 (July 10--14 and 17--21, 8:30 AM--11:30 AM), Fee: \$425

___ Geometry--Level 2 (July 10--14 and 17--21, 1:00 PM--4:30 PM), Fee: \$425

___ Problem Solving -Level 1 (Aug 7--11 and 14 -17, 8:30 AM--11:30 AM), Fee: \$385

___ Problem Solving -Level 2 (June 19--23 and 26 -30, 8:30 AM--11:30 AM), Fee: \$425

___ Advanced Problem Solving (July 24--28 and July 31-Aug 4, 9 AM--5:30 PM), Fee: \$900

PARENT / GUARDIAN Agreement:

I, the parent/legal guardian of the above named student, agree to hold harmless DSM Academy LLC, its directors, officers, employees and agents against any and all claims, damages, losses, injuries, and legal expenses arising out of any activities related to the camp. I give my permission for DSM Academy LLC, its directors, officers, employees and agents to contact the named physician on emergency when it is deemed necessary. I understand and acknowledge that DSM Academy LLC does not offer any medical insurance to protect against injuries, makes no claim to do so, and has no responsibility for any medical expenses incurred. I agree to assume such risks and financial responsibility.

Print Name: _____ Signature: _____

Date: _____

INSTRUCTION:

Make check payable to DSM Academy and mail it with this form to:

Attn: Summer Camp, DSM Academy, 1516 Ben Crenshaw Way, Austin TX 78746