

YOUTH ENRICHMENT PROGRAM (YEP) SUMMER 2009 REGISTRATION FORM

1. Last Name

2. First Name, Middle Initial

3. Gender

Male Female

4. Birthdate (example: 03/05/73)

____/____/____

5. Street Address

6. City

7. Zip Code

8. Home Phone

(____)____-____

9. Parent Work Phone #

(____)____-____

10. Extension

ID Checked

11. Emergency Phone

(____)____-____

12. Emergency Contact Person

13. Email Address

OFFICE USE ONLY	
Student #	
ID Checked	<input type="checkbox"/>

14. Current grade level (if applicable)

9th 10th 11th 12th

6th 7th 8th Other _____

School Name

15. Disability (if applicable)

Deaf or Hard of Hearing

Developmental Legally Blind

Non-Physical

Orthopedic Disability

Other: _____

Camp #1	Fee
_____	\$_____

Camp Name (Please Print)	
Camp #2	Fee
_____	\$_____

Camp Name (Please Print)	
Camp #3	Fee
_____	\$_____

Camp Name (Please Print)	
Camp #4	Fee
_____	\$_____

Camp Name (Please Print)	
Total Fees	\$_____
Enclosed	\$_____

Payment Type	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> MasterCard/Visa	<input type="checkbox"/> Voucher
Credit Card #	_____ - _____ - _____ - _____	Exp. Date	____/____	○

Refunds may be requested up to **48 HOURS PRIOR** to the first session **ONLY**. A \$5 processing fee will be retained for each course dropped. Refund requests must be submitted in writing.

LIABILITY WAIVER: By signing below, the student agrees that neither Poway Unified School District nor its employees shall be liable for any and all injuries, losses, or other damages that may be suffered by student by reason of voluntary participation in class activities except for losses caused by the sole negligence of the District. If payment is by credit card, my signature below authorizes Poway Unified School District to charge my MasterCard/Visa credit card number as payment for the classes.

Parent Signature (REQUIRED)

Date

Student Signature (REQUIRED)

Date