



Registration Form

Required for all adults and students

Please copy and return completed form to school staff as soon as possible

School Name _____ Date of trip _____

Student name _____ Male _____ Female _____ Race _____ (for reporting only)

Student E-mail address _____ Student Birth Date ____ / ____ / ____

Parent/Guardian _____

Home address _____ City _____ State _____ Zip code _____

Home phone () _____ Work phone () _____ Fax () _____

Cell phone, or other () _____ E-mail address _____

—Tremont does not discriminate against applicants by race, creed, sex, or national origin.—

In case of an emergency, please notify:

1st priority: Name _____ phone () _____ relationship to student: _____

Alternate: Name _____ phone () _____ relationship to student: _____

Tremont wants every child to be able to have a rewarding camping experience and participate in physically demanding activities. If your child has any **medical condition** which might limit your child's ability to enjoy all that Tremont has to offer, we urge you to let us know as soon as possible so that we can discuss whether there are reasonable ways in which we can modify our programs and activities to provide your child with a safe and enjoyable experience. _____

Do you have any dietary limitations (Including food allergies. If food allergies, please describe severity, if airborne, contact, ingestion, etc) ? _____

Do we have permission to administer (circle yes/no): Acetaminophen? yes/no Ibuprofen? yes/no Benadryl? yes/no

Are there any medications that need to be administered during your stay? Yes/no _____

Name of family physician _____ Name of dentist/orthodontist _____

Do you carry family/hospital insurance? _____ Yes _____ No

Important ** Please notify us if the student was exposed to any communicable disease within 3 weeks of the program start date.

Insurance carrier _____ Group # _____ Policy number # _____

Suggestions from parents: _____

If your child needs to be picked up by anyone other than school, are there any pick up restrictions? _____

____ Add me to your mailing list so I can receive a program brochure and other announcements and information about Tremont.

____ No, I do not want to be added to your mailing list at this time.

Parent's Authorization: As the parent or legal guardian, I have described all medical conditions which could limit my child from being able to fully enjoy and experience Tremont's activities. The person herein described has permission to engage in all prescribed camp activities except as noted by me. I hereby give permission to the physician selected by the school teacher or GSMIT staff to order X-Rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the school teacher or GSMIT staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. It is expressly understood and agreed that GSMIT shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by the applicant or in connection with any activities or programs, unless such loss or injury results directly from the negligent or willful act of an employee of GSMIT acting within the scope of his/her employment. I grant permission for image and likeness (i.e. photo, name, quotes) of my child to be used in publications by the Institute. This form is also used for diversity reporting.

Signature _____ Date _____