

# SUMMER CAMP 2007 Registration Form

## How to Register

Step 1: Complete the following registration form.

Step 2: Fax or mail it to the Address mentioned below.

Step 3: You will receive confirmation of your registration.

If you have any questions or concerns, please call Olivia Ibrahim at (973) 353-1014

## Camper's Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth(yyyy-mm-dd): \_\_\_\_\_

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

Address:

Street: \_\_\_\_\_ Apt#: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Attending:

School Name: \_\_\_\_\_ School District (City): \_\_\_\_\_

Grade Completed: \_\_\_\_\_

## Parent's Contact Information

Mother/Father/Guardian's Full Name: \_\_\_\_\_

Mother/Father/Guardian's Phone: \_\_\_\_\_

## Emergency Contact

Emergency Contact's Full Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Emergency Contact's Phone: \_\_\_\_\_

## Informed Consent Agreement

By submitting the form, I/we agree that THE GOVERNING COUNCIL OF RUTGERS UNIVERSITY or THE CIMIC SCIENCE AND TECHNOLOGY OUTREACH, their directors, officers, employees, agents, and volunteers, shall not be liable for any injury to my child or loss or damage to my child's personal property arising from, or in any way resulting from, his/her participation in those activities, UNLESS such injury, loss or damage is caused by the SOLE NEGLIGENCE of the University, Cmic Science and Technology Outreach, their directors, officers, employees, agents, and volunteers, while acting within the scope of their duties.

By submitting the form, I/we declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate acknowledging all the foregoing.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For more information on the camp, please contact Olivia Ibrahim at (973) 353-1014 or at [olivia@cimic.rutgers.edu](mailto:olivia@cimic.rutgers.edu).  
Fax: (973) 353-5808**