SB Family School
Santa Barbara Math Ellipse
Registration Form 2017-2018

Child's Information:

Name:_____ Gender:___ School: _____ Grade:___ Age:____ Birth Date:_____

Email address (only if different from parent's):_____ T-Shirt Size:_____

Cell phone number (if student has own phone): _____ Current Math Class/Level: _____

Parents' Information:

Mom's Name:_____ Dad's Name:_____

Street Address:_____

Home Phone Number: _____ Mom's Cell: _____ Dad's Cell:_____

Mom's Email Address:_____ Dad's Email Address:_____

Medical Information

All medical information is confidential.

Does your child have any allergies, or any other medical conditions SB Family School should know about? ☐ Yes ☐ No

If yes, please describe: _____

Child's Physician: Name:_____ Address: _____ Phone Number:_____

Emergency Information

Please list an emergency contact (not a parent):

Name: _____ Relationship to Child: _____ Phone Number(s): _____

List the full names of others (not parents) who have permission to pick up your child: _____

_____

Authorization of Photographs of Child

Do you authorize SB Family School to use your child's image in still photos for the purpose of promoting SB Family School and its programs? ☐ Yes ☐ No ☐ Only with pre-approval of the photo[s]

Authorization to Consent to Treatment of a Minor

I (We), the undersigned, parent(s) or guardian(s) of _____ a minor, do hereby authorize SB Family School, as agents of the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the California Medical Practice Act, whether such diagnosis or treatment is rendered during a SB Family School meeting by said health care provider at the meeting location, the provider's office, a hospital, or other location. The authorization also applies to dental care under a duly licensed dentist. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the afore mentioned physician in the exercise of his/her best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action. The undersigned also releases SB Family School, and its agent, from all claims which may develop or accrue to me, or the minor for whom this authorization is intended to benefit, on account of, or reason by of, any injury, loss, or damage which may be suffered by me or the minor as a result of the exercise of this consent, and I hereby assume and accept the full risk and danger of any injury; hurt or damage that may occur as a result of the use of exercise of this consent.

Mom's Signature: _____ Date: _____

Dad's Signature: _____ Date: _____