

Summer Programs Registration Form:

Student's Name _____ Parent's Name _____
Street _____ Mr./Mrs./Ms. _____
Address _____ Home Phone _____ Emergency Phone _____

City, State, Zip Code _____

School currently attending _____ School Attending Next Year _____

Principal's Name _____ Current Grade _____

SUMMER SCHOOL COURSE(S) I WISH TO ATTEND:

Course No.	Course Name	Date of First Day of class	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Amount Enclosed \$ _____

Make check payable to The Summit Country Day School.

MAIL TO:

The Summit Country Day School — Business Office (attn: Linda Didday)
2161 Grandin Road, Cincinnati, Ohio 45208-3300

To register for summer school classes, please send filled-in registration form (brochure or web) and 100% of the class fee to Linda Didday in the business office. If not currently a registered student at The Summit, health and emergency medical forms must be submitted to complete registration. Class size is limited. The payment will be returned only if the class has the maximum number of students already registered or if the program is cancelled by The Summit. Confirmation will be emailed.

Email address: _____

THE SUMMIT COUNTRY DAY SCHOOL admits students of any sex, race, color, national and ethnic origin to all rights and privileges, programs and activities generally accorded or made available to students at The Summit Country Day Summer School. It does not discriminate on the basis of sex, race, national and ethnic origin in administration of educational policies, admission policies, athletic and other school administered programs, nor in the hiring of teachers and employees. All students and parents are to adhere to the policies, rules and regulations of The Summit.

Check here if you wish to receive information about The Summit's regular school program.
FOR FURTHER INFORMATION CALL – 871-4700, Ext. 278, email: howell_s@summitcds.org
MR SHANNON HOWELL, SUMMER SCHOOL DIRECTOR

[Emergency Medical Authorization form follows.]

Emergency Medical Authorization

The Summit Country Day School

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority and parents or guardians who cannot be reached.

Name of Pupil

Date of Birth

Address

Telephone

School

Grade

PART I OR II MUST BE COMPLETED

Part I - Grant Consent

In the event reasonable attempts to contact me at home or at work _____ (home no.), _____ (mother - work no.) or _____ (father - work no.) have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by Dr. _____ (name and phone no. of preferred physician) or Dr. _____ (name and phone no. of preferred dentist), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

Note: This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted: _____

Signature of Parent or Guardian

Date

Part II - Refusal to Consent

(DO NOT COMPLETE IF YOU COMPLETED PART I)

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

Signature of Parent or Guardian

Date

Address

The Summit Country Day School – Agreement to participate, Waiver and Indemnification Form

I/We undersigned, parent(s)/guardian(s) of _____ (print name of minor), a minor under age of twenty-one (21), do hereby grant permission for said minor to participate in the Summer School class _____ (class name) provided by The Summit Country Day School.

In consideration of the above named minor being allowed to participate in The Summit Country Day School Summer Class _____ (class name), the undersigned, on behalf of the named minor, and on behalf of the minor's parent(s), heirs, executors and administrators, voluntarily assume all risk of accident, injury, or damage and release and forever discharge The Summit Country Day School, and its respective employees, officers, agents and the community of The Summit Country Day School, from any and all liability for personal injury or property damage of any kind sustained in association with or during participation in the program, regardless of whether such personal injury or property damage is caused by the negligence of The Summit Country Day School.

The undersigned agree to indemnify and hold harmless The Summit Country Day School and its respective employees, officers and agents, as well as the community of The Summit Country Day School, from all liability, loss and expense, including, but not limited to damages, legal expenses and cost of defense, in any matter arising during or from the participation in The Summit Country Day School Summer School

The undersigned further agree that said minor will abide by all applicable rules and regulations promulgated by The Summit Country Day School Summer School.

Participant (signature)

Parent/Guardian (signature)

Date

Date

Participant (please print)

Parent/Guardian (please print)