

BUC TECHNOLOGIES, LLC
STEM SUMMER CAMP

REGISTRATION FORM

JUNE 13-24, 2016

STUDENT AND PARENT INFORMATION

Student Name: _____

Parent Name: _____

Email:
(Father) _____ (Mother) _____

Phone: (Father) _____ (Mother) _____

Student age: _____ Student birth date: _____ Male Female (check)

School _____

Grade Entering in Fall 2016 _____

How did you find out about our program?

Emergency Contact:

Name _____

Telephone _____

Relationship to participant _____

Name _____

Telephone _____

Relationship to participant _____

MEDICAL INFORMATION

In case of emergency (injury or illness), if you are unable to be contacted:

Name: _____ Relationship: _____ Phone: _____

Name of person on insurance card: _____

Name of Physician: _____ Phone: _____

Name of Insurance Co: _____ Policy # _____

Does participant have allergic reactions to:

- | | YES | NO | |
|--------------------------|--------------------------|-----------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | | Penicillin _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | | Other Antibiotics _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | | Other Medicines (type) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | | Insect Bites/Stings _____ |

Is your child allergic to any food, please indicate these below:

Indicate special conditions or need that should be brought to our attention:

OPTIONAL CONSENT:

I hereby give BUC Technologies, LLC permission to use photos of my child for publicity purposes.

Parent/guardian signature: _____

Print name: _____

Date: _____

Return Signed Forms and Check by April 30, 2016 to:

**Mr. George W. James
BUC Technologies, LLC
P.O. Box 3711
Tallahassee, FL 32315**

Email: jamesg@buctechnologies.com; Phone: 470 331 9519