

CART

Summer Academy

2018 REGISTRATION FORM

Cost: \$199 by June 4 or **\$250** after June 4
 For more information visit www.cart.org or call **559.248.7400**
Sibling Discount Available | \$150 each additional sibling

Student Info.

LAST NAME	FIRST NAME	AGE	BIRTH DATE
ADDRESS		CITY	ZIP
ELEMENTARY SCHOOL OF ATTENDANCE		SCHOOL DISTRICT	

Lab Choice / Shirt Size

Lab Choice Please rank order your preference for academy program. One (1) being your first choice and five (5) being your last choice. Your first choice will proceed to registration. If you have more than one choice, please rank them in order of preference. This is an enrollment program and not for credit. <input type="checkbox"/> Builder <input type="checkbox"/> Game Design <input type="checkbox"/> CSI Forensics <input type="checkbox"/> CyberPatriot <input type="checkbox"/> Robotics	Academy T-Shirt Size T-shirt is included in the price of the academy. <input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Other, Indicate size _____
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SORRY, CART SUMMER ACADEMY IS NOW FULL!

Please check with us in April 2019 for Summer 2019 registration.

Parent/Guardian Info.

NAME	CELL PHONE
RELATIONSHIP TO STUDENT	EMAIL ADDRESS

Emergency Contact

CONTACT #1 NAME	RELATIONSHIP TO STUDENT	PHONE NUMBER
CONTACT #2 NAME	RELATIONSHIP TO STUDENT	PHONE NUMBER

In case of illness or other emergency, WHEN PARENT IS UNAVAILABLE, I hereby authorize a representative of the school to make such arrangements as he/she deems necessary for my child to receive medical or hospital care, including transportation. Under such circumstances I further authorize the physician listed below to undertake such care and treatment of my child as needed.

PHYSICIAN NAME	PHONE NUMBER
HOSPITAL	PHONE NUMBER
INSURANCE CARRIER	POLICY NUMBER

- Food Allergies, medications, or other health concerns. Please explain: _____
- I agree to the academy policies and I agree that my child will abide by academy policies.
- I give permission for my child to be photographed during the course of the academy. These photos may be used in future promotional materials for the CART Summer Academy.

PARENT SIGNATURE	DATE
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