

Summer Session Registration Form: June 20 – July 22

Name of Student: _____

Registrations should be received no later than June 1, 2011. (Late registrations will be accepted at the discretion of Intedurec staff.)

Please place a check (✓) next to the appropriate information:

_____ My child is currently participating in Intedurec Extracurricular Learning Groups, and his/her information is up-to-date. **(Please disregard the attached information form.)**

_____ My child is currently participating in Intedurec Extracurricular Learning Groups, but his/her information needs to be updated. **(Please fill out the appropriate sections on the attached information form.)**

_____ My child is participating in an Intedurec activity for the first time.

(Please fill out the entire attached information form.)

Please place a check (✓) next to the classes you wish to enroll in.

_____ **MONDAYS (3:15-5:15pm, Location: WRCC): DRUMS/PERCUSSION - \$80** (*No class on July 4*)

_____ **TUESDAYS (3:15-5:15pm, Location: SKFA): MARTIAL ARTS - \$100**

_____ **WEDNESDAYS (3:15-5:15pm, Location: WRCC): LEGO SCULPTURES – LEGO ART & ARCHITECTURE - \$100**

_____ **THURSDAYS (3:15-5:15pm, Location: WRCC): ENGLISH WRITING - \$100**

_____ **FRIDAYS (3:15-5:15pm, Location: LGC): GOLF - \$100**

WRCC = Windsor Road Christian Church, 2501 W. Windsor Rd, Champaign, IL 61822

LGC = Legends Golf Course, 4551 Nicklaus Dr, Champaign, IL 61822

SKFA = Song's Kung Fu Academy, 1827 West Springer Dr, Champaign 61821

FULL-TIME STUDENT DISCOUNT:

If a student enrolls in every class (5 days per week), then the total price of tuition will be reduced by 20%.

Total Amount Due: _____

Please mail registration forms to:

Intedurec
903 Phlox Dr.
Savoy, IL 61874

Please make checks payable to "Intedurec."

For office use only:

Date received: _____

Received by: _____

Paid by: cash / check

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Information Form

STUDENT INFORMATION

| |
|---|
| Name: _____ Gender: M or F Birthdate: _____ Address: _____ Parent/Guardian Names: _____ Place of Employment: _____ (Home) _____ (Work) _____ (Cell) _____ E-mail _____ |
|---|

DISMISSAL AUTHORIZATION

| |
|---|
| <p>Parent/Guardian/Authorized Alternate MUST SIGN THEM IN and OUT. No child will be permitted to leave class with persons other than a Parent/Guardian/Authorized Alternate listed below. Proof of identification will be needed to pick up students.</p> <p>Parent/Guardian Name: _____ Parent/Guardian Name: _____ Authorized Alternate: _____ Authorized Alternate: _____</p> |
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EMERGENCY CONTACTS AUTHORIZATION

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|---|
| <p>The <i>Intedurec</i> Authority has my permission, in an emergency, to call 911 and/or send my child to a Hospital/Urgent Care facility, and the Medical Personnel have my authorization to provide treatment that a Physician deems necessary for the well-being of my child. The <i>Intedurec</i> Authority will make every reasonable attempt to contact the Parent/Guardian/Emergency Contacts.</p> <p>Parent/Guardian Signature _____</p> <p><i>NOTE: Emergency Contacts cannot be the parents/guardians. You MUST list at least two Emergency Contacts.</i></p> <p>Name: _____ Relation: _____ Address: _____ (H): _____ (W): _____ (C): _____</p> <p>Name: _____ Relation: _____ Address: _____ (H): _____ (W): _____ (C): _____</p> |
|---|

HEALTH/MEDICAL INFORMATION

Physician's Name: _____ Phone: _____
 _____ My child has allergies to the following: _____
 _____ My child does not have any allergies
 _____ My child will require medication to be administered while in your care. I understand that I will need to complete a medication authorization from prior to my child attending program. **Parent Initial**

VIDEO/PHOTO AUTHORIZATION

_____ I give permission for the *Intedurec* Authority to include my child in photos/videos that will become *Intedurec* Authority property.
 _____ I DO NOT give permission for the *Intedurec* Authority to include my child in photos/videos.

PARTICIPATION AGREEMENT and FIELD TRIP AUTHORIZATION

Intedurec assumes no liability for injuries or damages arising from the result of participation. Due to the strenuous nature of some activities, the participant is urged to consult his/her physician concerning the ability to participate. All activities present inherent risks and hazards that the participant assumes. I hereby approve of my child's participation in this Recreation Program. My child has permission to attend and be transported on the Camp's field trips.

Parent/Guardian Signature _____ **Date** _____

My signature below indicates that I have completed and understand the information on this form pertaining to:

- * Emergency Contacts * Dismissal Authorization
- * Video/Photo Authorization * Medical Information
- * Participation Agreement * Fieldtrip Authorization

Parent/Guardian Signature _____ **Date** _____