



8820-168 STREET,
SURREY, B.C.

PHONE: 604.930.2122
FAX: 604.497.1122

SUMMER SCHOOL REGISTRATION FORM

INFO@GOBINDSARVAR.CA

WWW.GOBINDSARVAR.CA

GOBIND SARVAR SCHOOL

OFFICE USE ONLY

Registration Date (DD/MM/YY)	First day of attendance (DD/MM/YY)	STUDENT FEE PAID: <input type="checkbox"/>	Receipt #
Student Information Verified	Secretary	Principal	Date (DD/MM/YY)

SUMMER SCHOOL OVERVIEW

GENERAL OVERVIEW:

Gobind Sarvar School is pleased to open registration for our Summer School, a unique summer program comprised of Enrichment Courses, Academic Courses and Sports Camps. With new course offerings, Summer School is open for students K-10 (all schools) and provides an opportunity for students to learn new skills, enhance their knowledge, and develop their athletic capabilities. Our faculty members, and experienced volunteers/coaches work together to ensure we deliver a fun, meaningful, and exciting summer school program.

ACADEMIC COURSES:

The Summer School schedule has been designed to create additional opportunities for students and provide education advancement in English, Math, Computing, and Art.

SPORTS CAMPS:

The Sports Camp consists of various sports but not limited to basketball, volleyball, soccer and hockey. Our newly installed turf field will be available for use for the Sports Camp students.

DATES, SCHEDULES & FEES:

Tuesday July 2 — Friday July 26 2019 | FEE: \$150

9am—12pm: Academics (15 min recess from 10:15-10:30) | 12pm—12:45: Lunch | 12:45—3pm: Sports Camp

WHAT TO SEND WITH YOUR CHILD:

Your child should wear play clothes and sports shoes. Bring a packed lunch, snacks, water bottle and sunscreen each day. Please label your child's belongings.

STUDENT INFO.

LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	GRADE
PREFERRED FIRST NAME	BIRTHDATE (DD/MM/YY)	FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>	
Home Address: _____ House # _____ Street _____ City _____ Province _____ Postal Code _____			
Residence Telephone #: _____ Current School #: _____ Grade in Fall '19: _____			

MEDICAL INFO.

STUDENT CARE CARD #: _____ FAMILY DOCTOR: _____ PHONE #: _____

ALLERGIES	Mild	Moderate	Severe	Life-Threatening

Note: If your child is anaphylactic, school must have an EPI pen and your child is required to carry an EPI pen at all times. If the student has asthma or any other serious medical condition such as epilepsy, hemophilia, diabetes or reaction to drugs which would be a complication factor please note this below and also provide documentation.

MEDICAL CONDITION: _____ MEDICATION: _____

PARENT / GUARDIAN	PARENT/GUARDIAN Mr. / Mrs. / Ms. (please circle one)		
	NAME: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Last Name First Name </div>		
	Employer Telephone #: _____ Ext. _____ Cell: _____		Relationship to Student: Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/>
	EMERGENCY CONTACT (OTHER THAN PARENT) Mr. / Mrs. / Ms. (please circle one)		
RELEASE OF INFO.	NAME: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Last Name First Name </div>		
	Employer Telephone #: _____ Ext. _____ Cell: _____		Relationship to Student: _____
	I, _____ herby give consent for the following: <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Name of Parent </div>		
	Gobind Sarvar School takes pride in publishing events happening in the schools, board and school websites, newspapers, newsletters, media, other publications and displays often contain student names, photographs or other personal information. I authorize the Gobind Sarvar School to use the name, grade, photograph, artwork, articles and school projects of my child/children, in Board and School websites, newspapers, newsletters, media, other publications and displays.		
ACTIVITY CONSENT FORM and WAIVER OF LIABILITY	YES NO		
	In consideration for offering my child, _____, an opportunity to: <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> (Last name, Middle name, First name) </div>		
	(Parents initial one or all boxes for your child to participate).		
	<div style="display: flex; justify-content: space-between;"> <div style="display: flex; flex-direction: column; align-items: center;"> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div style="display: flex; flex-direction: column; align-items: center;"> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div> <p>Play field hockey, basketball and/or other sports</p> <p>Play gatka (a martial art with weapons) or practice other martial arts</p> <p>Go on supervised walking trips in the area near the school</p> <p>Travel either by school bus or in private vehicles driven by volunteers to and from events held off of school property</p> </div> </div>		
Anytime during or outside of normal summer school hours I waive any and all claims I may have against, and release from all liability and agree not to sue Gobind Sarvar School, its Board of Directors, its officers, employees, agents, affiliates, representatives and volunteers for any personal injury, death, property damage or loss sustained as a result of my child's participation in the activities described here, arising out of any cause whatsoever, including negligence . I am fully aware of and acknowledge the risks of serious personal injury associated with these activities.			
I authorize school personnel to seek or administer reasonable and necessary medical treatment for my child and agree to be responsible for any costs/expenses associated with such treatment. I understand all efforts will be made to contact parents and/or emergency contacts in the case of an event.			
In signing this Consent I am solely relying on statements set out within this document and am not relying on any oral or written representations made by the organizers, agents, employees, or volunteers to induce me to permit my child to participate.			
As the parent/guardian, I am at least 19 years of age and have read and understand the terms of this waiver. I understand that it is binding upon me, my heirs, executors and administrators.			
<div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <div> _____ Parent/Legal Guardian's Name </div> <div> _____ Signature </div> <div> _____ Date (DD/MM/YY) </div> </div>			
AND			
<div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <div> _____ Parent/Legal Guardian's Name </div> <div> _____ Signature </div> <div> _____ Date (DD/MM/YY) </div> </div>			