



Check which program you are attending:

- ☐ **Creative Computing from Scratch™**
University of San Diego, Serra 134, June 27 – July 1, 2016: 9:00 AM to 12:00 PM
- ☐ **3D Computer Animation and Robotics**
University of San Diego, Serra 156B, July 11 - 15, 2016: 9:00 AM to 3:00 PM
- ☐ **3D Video Game Creation Using Alice**
University of San Diego, Serra 134, July 18 - 22, 2016: 9:00 AM to 3:00 PM

EMERGENCY AND HEALTH INFORMATION

Name _____ email address _____

Home Address _____
Street Address City State Zip code

Parent/Guardian 1:

Name _____ email address _____

Home Address _____
Street Address City State Zip code

Telephone numbers:

Home _____ Work _____ Mobile _____

Parent/Guardian 2:

Name _____ email address _____

Home Address _____
Street Address City State Zip code

Telephone numbers:

Home _____ Work _____ Mobile _____

EMERGENCY INFORMATION:

Provide the information of two people to be contacted in case of an emergency if the parents/guardians are not available. Your child will not be released to anyone except those listed on this form.

Emergency Contact 1:

Name _____ email address _____

Telephone numbers:

Home_____ Work_____ Mobile_____

Emergency Contact 2:

Name _____ email address_____

Telephone numbers:

Home_____ Work_____ Mobile_____

HEALTH INFORMATION

Child's Doctor:_____ Telephone Number_____

Child's Dentist:_____ Telephone Number_____

Medical Insurance Carrier: (HMO – MediCal – Private – None)_____

Does your child have a Life Threatening Allergy? _____YES _____NO

If yes, to what? Food (type)_____ Other (type) _____

Please describe:

Please describe information of anything else that may affect your child at the workshop:

I HAVE REVIEWED AND UPDATED THE ABOVE EMERGENCY AND HEALTH INFORMATION.

Parent / Guardian Signature

Print Name

Date

RELEASE FORM FOR MEDIA RECORDING

I, the undersigned, do hereby consent and agree that the University of San Diego, its employees, or agents have the right to take my daughter's photographs, videotape, or digital recordings to use any and all media, now or hereafter, including composite or partial representations, for recruitment, advertising, instruction, or any other lawful purpose; and I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith. However, no names will be used to identify persons in media without expressed permission. I understand that there will be no financial or other remuneration for photographing or videotaping my daughter.

I also understand that the University of San Diego is not responsible for any expense or liability incurred as a result of my daughter's participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

Parent / Guardian Signature

Print Student Name

Date

Student Signature

Print Student Name

Date