



Ringer Leadership Institute
"Dare to Care"

REGISTRATION FORM

**Middle School
 Leadership
 Day Camps**

Check Camp Attending:

June 21-23

9 am – 3 pm
 Ebell Club
 Fullerton, CA

June 28-30

9 am – 3 pm
 So. Orange Co.
 TBA (check online)

ATTENDEE INFORMATION *(please print clearly)*

Student Name: _____ Gender: M F Age: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

School Last Attended: _____

T-Shirt Size: _____ Special Food Needs: _____

PARENT/ GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Work Phone: _____ Cell Phone: _____

(If different than student) Email: _____

Address: _____ City, State, Zip: _____

MEDICAL & EMERGENCY INFORMATION:

Person *other than parent* who can be contacted in an emergency or to pick up student:

Name: _____ Relationship: _____

Phone: _____ Alternative Phone: _____

Doctor's Name: _____ Phone: _____

Medical Insurance *(if student is not covered, state "not covered")*:

Carrier: _____ Policy #: _____

List student's allergies *(including food)*, chronic conditions or medications: _____

AGREEMENTS:

Please initial each of the following. I/We understand that:

- _____ 1. Parent, guardian or public carrier must transport students.
- _____ 2. Drugs, Alcohol, tobacco & other controlled substances are not allowed. This includes possession, use, transport and/or sale.
- _____ 3. Appropriate behavior and respect toward others is expected while at camp.
- _____ 4. Any camper who violates any of these agreements may be immediately sent home or detained until the parent/guardian can pick them up.
- _____ 5. During the course of this camp, students may be photographed and/or videotaped by the RLI organization. These photos and videos may be used for promotion of this or other RLI events or for training purposes.

I hereby grant permission for my son or daughter to attend The Middle School Leadership Day Camp. I also authorize RLI personnel to obtain any emergency medical attention my son or daughter may require. I also release The Ringer Leadership Institute of all liabilities in dealing with my son or daughter with the understanding that standard procedures have been followed. I understand that the Ringer Leadership Institute has no insurance, which pays the medical or hospital costs that might be incurred on behalf of my child. Consequently, I understand that any and all such costs shall be my sole responsibility. I understand that I indemnify and hold harmless Ringer Leadership Institute, its officials, employees, and agents, including volunteers, from all liability and claims arising out of or in connection with my child's participation in this activity. I fully understand that participants are to abide by all rules, regulations and agreements governing conduct during this camp. Any violation of these rules and regulations may result in that individual being sent home.

_____ **Parent/Guardian – Printed Name** _____ **Parent/Guardian – Signature** _____ **Date**

REGISTER NOW! Space is limited!

Mail in registration with cashier's check or money order for \$275 per camp.

**The Ringer Leadership Institute
28241 Crown Valley Pkwy
Suite F485
Laguna Niguel, CA 92677**

Questions/Contact:

**Sherry Ringer
949-735-4470**

Office Use Only: Cck/MO Online
Date Payment Rec'd: _____

**Registration can now be paid ONLINE
with VISA or MASTERCARD!**

www.ringerleadership.com

DON'T FORGET the registration form must still be mailed in! Registration will not be confirmed until both the payment and the form have been received.

If paying online, please write in date of online transaction before mailing registration:

Date of Online Payment: _____