

Princeton International School of Mathematics and Science
(PRISMS)
19 Lambert Drive, Princeton, NJ 08540 | (609) 454 - 5580

**2019 PRISMS Summer Camp
Registration Form**

Camper's Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

Rising Grade in Academic Year of 2019-2020: _____

Parent/Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Check preferred session for attendance:

- Session I: July 15 – July 26, \$1,000
- Session I: July 15 – July 26 and After-Camp Activities from 4 – 5 pm, \$1,100
- ~~Session II: July 29 – August 9, \$1,000 (Full)~~
- ~~Session II: July 29 – August 9 and After-Camp Activities from 4 – 5pm, \$1,100 (Full)~~

T-shirt Size:

- Youth Small
- Youth Medium
- Youth Large
- Other, please specify _____

Photo Release:

- I give PRISMS the permission to use any photographs of my child for publicizing or promotional purposes.
- I do not give PRISMS the permission to use any photographs of my child for publicizing or promotional purposes.

Parent/Guardian Signature

Print Name

Payment Information:

Payment for the entire registration fee is due with the receipt of the registration form. Registration packet should be postmarked by June 1, 2019. Please mail the check (payable to PRISMS), completed registration packet (including registration form, medical form, parent permission), current health record and immunization records to the following address:

ATTENTION: Student Life Office, PRISMS
19 Lambert Drive
Princeton, NJ 08540

Cancellation policy: The request for canceling registration needs to be sent to summercamp@prismsus.org in writing at least one month prior to the start of the session and a \$50 non-refundable processing fee will be charged. Any requests made after that deadline will not be processed.

Medical Form

Dear Parents,

All campers are required by the New Jersey state law to submit a current health record and immunization record; please provide written documentation if your child is not vaccinated for medical or religious reasons.

Camper's Name: _____

Parent/Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Primary Phone: _____

Relationship to Camper: _____

Insurance Company: _____ Insurance Policy Number: _____

Doctor's Name In Case of Emergency: _____ Phone: _____

Does the camper have any allergies (food, medicines, bee stings) or medical conditions (severe asthma, etc.)?

Please list: _____

Parent Permission Form for Campers

Dear Parent or Guardian:

Princeton International School of Mathematics and Science (PRISMS) acknowledges that a certain level of risk exists in leaving home, participating in and being in a summer program. Although PRISMS makes every effort to ensure the safety and security of the campers in our program so that accidents or injuries may not occur, we think it is important that you are aware of the potential risks that may take place while your child is on campus, including transportation to and from Princeton, off-campus field trips, and physical activities.

This document has been created to obtain your permission for your child to participate as a camper at the PRISMS Summer Camp 2019 and to waive any claims that may arise from your child being a camper except claims arising out of the gross negligence or willful misconduct of PRISMS' employees and chaperones.

Please make sure that you read and understand the content herein, and return the signed copy to PRISMS.

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Camper's Last Name: \_\_\_\_\_ Camper's First Name: \_\_\_\_\_

**Permission**

I hereby give my permission for \_\_\_\_\_ (print your child's name) to participate in activities and events as a PRISMS camper at the Princeton International School of Mathematics and Science located at 19 Lambert Drive, Princeton, New Jersey.

I understand that there are potential risks associated with participating in and being in a summer program that involves activities and events beyond academic programs. I understand that my child may participate in physical activities if he or she is a day camper and remains on campus after school. I understand that my child will also be on off-campus field trips if he or she is a residential camper. I hereby give permission for my child to participate in all activities that are part of the summer program.

\_\_\_\_\_  
(Parent/Guardian Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)