



The Buck Brain Camp Registration Form

July 10-July 14, 2017

**Buck Institute for Research on Aging (Attn: Learning Center), 8001 Redwood Blvd. Novato, CA 94945
Phone (415) 209-2001 x 6161; Fax (415) 899-1810; and Email: learningcenter@buckinstitute.org**

Please fill out a separate form for each child.

Camper Name: _____ D.O.B. _____ Age: _____

School: _____ Gender: _____ Upcoming Grade: _____

Home Address: _____ City _____ State _____ Zip _____

Parent / Legal Guardian: _____

Home Phone: _____ Daytime Phone: _____ Cell Phone: _____

Email Address: _____

Parent / Legal Guardian: _____

Home Phone: _____ Daytime Phone: _____ Cell Phone: _____

Email Address: _____

In case of emergency if the parents or guardians cannot be reached, please list two additional people we can contact. These may NOT be the parents or guardians listed above:

Emergency Contact: _____

Relationship to Child: _____ Phone: _____

Emergency Contact: _____

Relationship to Child: _____ Phone: _____

Please list all individuals authorized to pick up your child: _____

Allergies / Medical Concerns / Medications (attach additional information if needed): _____

Health Care Provider: _____ Phone: _____

Medical Release: I authorize the staff of the Buck Institute for Research on Aging to provide basic first aid or to call additional medical care on my child's behalf in the event of an emergency if I cannot be reached or when delay would be dangerous to my child's health.

Parent/Guardian Signature: _____ Date: _____