



# High School Summer Immersion Program Registration Form

**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: \_\_\_\_\_