

**Maui Prep STAR Camp 2017
Registration Form**

Please complete **both pages** of this form.. **There is space on this form for 2 siblings.**

1) Student's Name _____
Please Print (First) (Last)

Grade in Fall **2016** _____ Age on **6/05/17** _____ Date of Birth _____

Present School Attending _____ Male _____ Female _____

2) Student's Name _____
Please Print (First) (Last)

Grade in Fall **2016** _____ Age on **6/05/17** _____ Date of Birth _____

Present School Attending _____ Male _____ Female _____

Parent/Guardian 1 _____
Please Print

Parent/Guardian 2 _____
Please Print

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell/Other _____

Cell/Other _____

Email: _____

Email: _____

Mailing Address _____

Please Print

City

Zip

The following people **will be allowed** to pick up my child(ren) from school in the event I cannot. (To add more names, please attach a separate sheet.)

Name Relationship Phone

Name Relationship Phone

The Camp fees are:

1 week 250 dollars

Four or more weeks 235 per week

Please indicate the week(s) you wish to register. Check the weeks.

Week 1	June 5 - June 9	_____
Week 2	June 12 - June 16	_____
Week 3	June 19 - June 23	_____
Week 4	June 26 - June 30	_____
Week 5	July 3 - July 7	_____
Week 6	July 10 - July 14	_____
Week 7	July 17 - July 21	_____

Amount of payment _____

MEDICAL RELEASE AND WAIVER

I agree to release and hold harmless Maui Preparatory Academy, its trustees, officers, and employees from any and all losses, liabilities, claims, and expenses that may occur as a result of my child's participation in the Maui Prep Summer Program. In the event of an accident or injury to my child, I hereby give my consent for Maui Prep faculty or staff to take appropriate action for the safety and welfare of my child and arrange medical treatment for my child in the event I cannot be reached. I understand that I will be financially responsible for any medical treatment or service to my child.

Emergency Contact _____

Phone _____

Please list any **medical conditions**, past or current medical problems or **current medications** we should know about:

Please enclose check payable to: **Maui Preparatory Academy** (No credit cards accepted)
Maui Prep Summer Program 4910 Honoapiilani Hwy. Napili, HI 96761

YES, by my signature, **I give Maui Preparatory Academy permission** to use photographs of my child in Maui Prep's newsletters, advertisements, brochures or any similar publication.

Signature of Parent or Guardian

Please remember that students need to have a brown bag lunch, beverages and snacks supplied from home as no lunch service will be provided in the dining hall.

Questions may be directed to Ray Parnell, Summer Program Director, at:
rparnell@mauiprep.org or by calling 808.214.3204