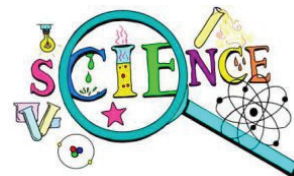




COBB SUMMER SCIENCE CAMP STUDENT REGISTRATION FORM



Student's Full Name (please print): _____ Nickname: _____

Address: _____ Phone (h): _____

Phone (c): _____ School attended last year: _____

Please list any allergies or conditions/restrictions pertinent to camp participation. All medications must be checked in with the front office and a medication form must be completed.

Parent(s)/Guardian(s) Contact Information:

Name: _____

Name: _____

Phone: (h) _____ (w) _____

Phone: (h) _____ (w) _____

(cell) _____ Email: _____

(cell) _____ Email: _____

The total fee for the week is \$100 which includes all supplies. Please make all checks payable to Page Curry. Please turn in this permission form along with a check as soon as possible. Spots are limited and will fill up quickly... register soon! ☺

We apologize but no refunds will be given due to cancellations, unless the camp is cancelled.

Please either mail in your check and permission form to **Cobb Middle School, Attention: Page Curry OR** drop the form and payment off at the school's front office Monday-Thursday 7:00am-5:30pm.

**Cobb Middle School
915 Hillcrest Street
Tallahassee, FL 32308**

CAMP SESSION PARENT CONSENT:

By signing and returning the registration form you agree to allow your child to participate in the Cobb Summer Science Camp. Further, you acknowledge that all students are to manage themselves appropriately during camp sessions. Instructors reserve the right to dismiss any camper with no refund of registration fees for violation of the Leon County Student Code of Conduct.

PARENT SIGNATURE

DATE

If you have any questions, please feel free to email Page Curry at curryp@leonschools.net or Tracy Haley at haleytr@leonschools.net or Gina Gass at gassg@leonschools.net

We look forward to a wonderful week of fun and learning! ☺