

Mt. Baldy Environmental Education Summer Institute Registration Form/Emergency Information

Please mail this form in with your \$50.00 deposit to:

P.O. Box 592
Mt. Baldy, CA 91759

Call us at (909) 982-2829 **BEFORE you mail in your deposit to ensure that we still have a spot available for your child!*

Student's Name: _____

Address: _____

Grade (Fall 2010): _____

Mother/guardian's name: _____

Father/guardian's name: _____

Home phone number: _____

Work/Cell phone: _____

Session attending: Session 1: July 27-30, 9:00 am – 3:30 pm
 Session 2: August 3-6, 9:00 am – 3:30 pm

Emergency contacts (in the event a parent cannot be reached):

1) Name/relationship: _____ phone: _____
2) Name/relationship: _____ phone: _____

Does your child have any special medical conditions (diabetes, seizures, asthma, etc)?

Does your child have any allergies, including medication allergies? _____

I hereby authorize the staff of Mt. Baldy Environmental Education to act for me according to their best judgment in any emergency requiring medical or dental attention.

Parent's signature

Date

Mt. Baldy Environmental Education
P.O. Box 592
Mt. Baldy, CA 91759
(909) 982-2829
<http://mtbaldyeducation.org>