



# SAN GERONIMO VALLEY COMMUNITY CENTER

## JUMP START TO MIDDLE SCHOOL

### REGISTRATION FORM

Student's Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Doctor's Name & Phone: \_\_\_\_\_

Medical/physical conditions, including allergies \_\_\_\_\_

The following person(s) are authorized to pick up my child at the end of camp or in an emergency:

Emergency/Alternate Contact: \_\_\_\_\_

Emergency/Alternate Contact: \_\_\_\_\_

Feel free to contact Cory with questions and concerns or to let her know of any pertinent information about your child's current situation - Cory 415-497-8459

Donate online at [sgvcc.org](http://sgvcc.org) or make checks payable to SGVCC. Memo - Jump Start and mail to:  
San Geronimo Valley Community Center PO Box 194, San Geronimo, CA 94963

I understand that photos of my child may be used for public relations and I give informed consent for the San Geronimo Valley Community Center to use my child's likeness in its i.e. newspaper, website, brochures, emails etc.

The San Geronimo Valley Community Center or Staff may not be held liable for any injury my child may sustain while attending the SGVCC Empowerment Group. As a parent or guardian, I give my permission for my child to receive emergency treatment if I cannot be reached.

Signature \_\_\_\_\_ Date \_\_\_\_\_