

Summer EXPLORE! Registration

Please use this registration form for all non-athletic Summer EXPLORE! Programs.
Complete one registration form per student.

Student Name: _____ Home Phone: (____) _____

Address: _____ City: _____ Zip: _____

Grade Entering (Fall 2019): _____ School Entering (Fall 2019): _____

Birthdate (MM/DD/YYYY) _____

Mother / Guardian Name _____

Home Phone: (____) _____ Mobile: (____) _____

Email: _____

Father / Guardian Name: _____

Home Phone: (____) _____ Mobile: (____) _____

Email: _____

Health Insurance Carrier: _____ Policy Number: _____

Please list any health concerns/allergies of which we should be aware:

Camp	Camp Date/Session	Amount
Total Amount Due \$		

Make checks payable to MUHS and mail or drop off to:
MARQUETTE UNIVERSITY HIGH SCHOOL
 ATTN: Summer EXPLORE! 2019
 3401 W. WISCONSIN AVE.
 MILWAUKEE, WI 53208

CAMP WAIVER AND RELEASE OF LIABILITY

By signing this, as the parent or legal guardian, I give permission for my child to participate in the camps offered by Marquette University High School. As the parent, it is my responsibility to provide any medical information which may affect my child's full participation in the camp and report any adverse reactions or injury resulting from participation. A physical completed in the last year does not provide any reason why my child should not participate in camp activities. If an emergency should occur, I give the camp staff permission to seek medical attention and provide care. I also understand that if behavior is inappropriate my child may be asked to sit out the session with continued misbehavior being just cause for termination of camp participation. I have read and understand the above and release the camp staff and Marquette University High School from any liability incurred through its camps.

Signature of Parent/Guardian _____ Date _____

MEDIA RELEASE

By signing this, as the parent or legal guardian, I give permission for my child to be included in photographs, videos or articles generated by Marquette University High School for official school use.

Signature of Parent/Guardian _____ Date _____