

NSU University School
NOVA SOUTHEASTERN UNIVERSITY
2021 SUMMER SCHOLARS REGISTRATION

Student's Name: _____ Date _____

D.O.B: _____ Name of School Currently Attending: _____ Grade Entering in the Fall: _____

***Name of Course student is registering for:** _____

- **I/we understand that a minimum of 5 students are required to run a class.** Enrollment in Summer Scholars requires each student to abide by the rules and policies of NSU University School as read in the student handbook. By signature, I/we accept financial responsibility for the Summer Scholars tuition and fees. **Once fees are paid, I/We realize that there are non-refundable and make-up days are unavailable.**

Initial: _____

- The use of my photograph and/or my child's photograph(s) in NSU University School publications, Web site, and/or advertisements is authorized.
- I/we hereby release and hold harmless Nova Southeastern University; it's Board and Officers and NSU University School, its officers, trustees, directors, employees, and agents from all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, which result while the student is taking part in all NSU University School summer programs/classes.
- **Non-University School parents must submit with this registration form the DH/HRS Form 3040(yellow) and the DH/HRS form 680 (blue) signed by a physician for each child. ALL students must submit the Authorization for Mediation/Treatment Form.**
- I/we hereby agree that I/we will be responsible for any loss, damage, or destruction by the student and is not responsible for any lost, stolen, or damaged personal property that my child brings to the program.

Parent Signature: _____ **Date:** _____

Mother/Guardian/Co-Parent:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____

Cell #: _____

Email Address: _____

Father/Guardian/Co-Parent:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____

Cell #: _____

Email Address: _____

Emergency/Authorization to release:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Pay By: Check • Cash • MasterCard • Visa • American Express

Registration forms can be faxed or submitted to the Camp office located in the Lower School in the Business office

Make check payable to: **Camp Nova**

Cardholder's name: _____ Amount: _____

Credit card #: _____ Expiration Date: ____/____/____