

2011 SCBA Application

Circle one: Summer Camp

#1- June 13-17, 2011 9:00 am- 12:00 Pm Intermediate/Beginning

June 13-17, 2011 1:00 PM-4:00 PM - Advanced

Name _____

Address _____

City, State & Zip _____

Home Phone _____ Mobile Phone _____

Email Address _____

Boy _____ Girl _____ '10-'11 Grade level: _____ School _____

Parent/Guardian _____

Health Insurer _____

Health Policy Number _____

Emergency Contact Name: _____

Emergency Contact Phone# _____

I have internet access. I agree to check online for all future updates. Yes No

By checking Yes I am declaring I will use the website to confirm registration verification, clinic schedules, Jamboree times, game schedules etc. I understand I will not receive a phone call

Parent's Authorization. In the event of an accident or illness, and if neither my emergency contact nor I can be reached; the SCBA is authorized to secure emergency medical treatment. I agree to waive any claims against the MHUSD and the SCBA organization. If your child has asthma and or any conditional health concern, please send in an additional note or contact a Director.

Parent/Guardian Signature _____ Date _____

Approval To Post Childs Name (Roster & Verification): _____ **(Signature)**

PayPal Customers Please Enter the last 5 Digits of your Confirmation Number here: _____

\$100.00

New: Multiple family members: Deduct \$10.00 for each additional child.

Please check back with the web site to verify your child's registration has been received. The Verification Tab will take you to the alphabetized listing. If you don't see your child after 5 days then email jverde@garlic.com and we will get back to you as soon as possible.

Please enclose a check or money order and mail application to:
SCBA, PO Box 893, Morgan Hill, CA 95038 Phone (408) 460-7402

