**RETURN: 1)THIS FORM, 2) Updated Medical History Form, 3) Copy of insurance card, 4) $20 Deposit, to 105 Pariton Ave., Dothan, AL 36303**

***ACT Prep Bootcamp*: Wiregrass Rehabilitation Center, July 16, 2021, 8 a.m. to 3 p.m.**

**Registration Deadline is May 13, 2021 at 5:00 p.m. at SAEOC  *Deposit required: $20.00\****

**Rising 10, 11, 12th Graders ETS participants 2021-2022 Dress: School Attire**

**Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade for 2021-2022\_\_\_\_\_\_**

Initials (Parent & Student)

\_\_\_\_\_ \_\_\_ I understand that my child, named above, is going to participate in ETS ACT Bootcamp at Wiregrass Rehab on **Friday, July 16, 2021**. You will be responsible for transportation to and from the event. A $20 deposit will be required at time of registration. You will be refunded after your student participates in the event.

\_\_\_\_\_ \_\_\_ I give SAEOC permission to use my child’s likeness in a photograph, or video, in any and all of its publications, including web-based publications, without payment or other consideration.

\_\_\_\_\_\_\_\_\_\_ I understand that I as a parent or guardian must complete assigned updated Medical History Form provided and send copy of current health insurance card. Copy of card may be emailed to talentsearch.dothan@gmail.com or sent as a text to 334-790-1172. All requirements for registration must be met by the May 13, 2021 deadline.

In the event of emergency, I have provided the SAEOC staff with emergency medical information and emergency phone numbers. In the event of emergency, I give permission for the SAEOC staff to see that my child gets emergency care. However, should such incident occur, I will not hold the SAEOC staff responsible for any expenses or obligations above those associated with treatment of said accident/injury. Students MUST BE ABLE TO FOLLOW DIRECTIONS AND USE REASONABLE JUDGMENT at all times.

For and in consideration of the services provided by SAEOC Talent Search and its agents, and to the full extent permitted by Law (federal and state), I hereby waive, release, discharge, for my self and my minor child, Talent Search, its agents, employees, staff, directors, and counselors of any and all liability associated with any negligence and other liability which may occur during the activities, more particularly described above, which may cause any personal, emotional, or bodily injury to my minor child or myself. This waiver of liability is made knowingly and intelligently after my full investigation of the nature of the activities that my child will be participating in, and with the extent to waive legal remedies which might otherwise be available to me.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency Contact Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Contact Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s cell phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dr. Charlotte E. Williams, Director

**Text number for reminders:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***\* Students who cannot pay a deposit should talk to Dr. Williams ASAP. We will work out the details***.

**SAEOC reserves the right to cancel the activities based upon student participation. If you pay your deposit and SAEOC cancels the trip, your money will be refunded. Otherwise, the deposit is non-refundable for no-shows or student cancellations.**