



Challenge the Brilliant Mind

2006 Orange County Math Olympiad Summer Camp Registration Form

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Section One: Student Information

Date: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Gender: Male Female

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell Phone #: _____ E-Mail: _____

School Attending: _____ School City: _____

Entering Grade in fall 2006: _____ Math level completed in June 2006: _____

Math Enrichment Programs Taking/Taken: JHU/CTY _____

Stanford/EPGY _____

Others _____

Gifted Programs: GATE APAAS Accelerated in Math Skipped Grade

Standardized Tests Scores: CAT 6: English: _____ Math: _____

ERB: English: _____ Math: _____

SCAT or PLUS: English: _____ Math: _____

ISEE or SSAT: Verbal: _____ Math: _____

SAT I or ACT: Verbal: _____ Math: _____

Others _____ Verbal: _____ Math: _____

Math Competitions Experience: MOEMS CA Math League MATHCOUNTS

AMC 8 Other: _____

Extracurricular Activities: _____

Other Achievements: _____

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Section Two: Parent/Guardian Information

Father (or Guardian) First Name: _____ Last Name: _____ Address: _____ _____ City: _____ Zip: _____ Employer: _____ Profession: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ E-Mail: _____	Mother (or Guardian) First Name: _____ Last Name: _____ Address: _____ (if different) _____ City: _____ Zip: _____ Employer: _____ Profession: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ E-Mail: _____
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Section Three: Session(s) Enrollment:

Session	Date	Time	Entering Grade	Tuition	Amount
<input type="checkbox"/> A-I	July 10 – July 21	8:30 – 11:30 AM	3, 4, and 5	\$595.00	
<input type="checkbox"/> A-II	July 10 – July 21	12:30 – 3:30 PM	6, 7, and 8	\$595.00	
<input type="checkbox"/> B-I	July 24 – August 4	8:30 – 11:30 AM	3, 4, and 5	\$595.00	
<input type="checkbox"/> B-II	July 24 – August 4	12:30 – 3:30 PM	6, 7, and 8	\$595.00	
Book and Materials Fees: (One fee per student for single or multiple-session enrollments)					\$45.00
Non-refundable Registration Fee: (One fee per student)					\$50.00
Total Payment: Please make check payable to Avid Academy					
					Return the completed registration forms and full payment by June 18th, 2006 to: Math Olympiad Summer Camp Avid Academy for Gifted Youth 4199 Campus Drive, Suite 550 Irvine, CA 92612

NOTE: To assure quality instruction, each session is limited in space. Students will be divided into groups prior to the first day of the camp depends on math level and problem solving experience. Group placements will be adjusted during the camp based on performance. **Registration with full payment is due by June 18th, 2006.** Early registration is strongly recommended. Cancellation request must be submitted and accepted by Avid director no later than June 25th, 2006 to receive full payment minus non-refundable registration fee.

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Section Four: Health Information

Student's Name: _____

Life Threatening Allergies: _____

Physical Limitations/Medical Conditions: _____

Medical Information

Please provide the name of your physician and your medical insurance information.

Insurance Company: _____ Phone #: _____

Insured's name: _____ Group# & Policy#: _____

Physician's Name: _____ Physician's Phone #: _____

Emergency Contact

Please list the name and contact information who we can reach in case of emergency.

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

In the case of an emergency with any camp activity and I/we cannot be reached, I/we each authorize Avid Academy and/or Concordia University to obtain whatever medical treatment they deem necessary for the welfare of my/our children and authorize all medical personnel to rely on this consent. This consent will be effective through the end of enrolled session. I/We further understand and agree that I/we will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether or not my medical insurance would cover such charges and fees. Furthermore, I/we authorize Avid to share the information included in this form with appropriate medical personnel, should the need arise. A facsimile or photocopy of this medical release form is as valid as an original.

Parent/Guardian Name	Signature	Date
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Parent/Guardian Name	Signature	Date
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Section Five: Camp Privacy Policy

I hereby give permission to have my child appear in any media coverage approved by Avid Academy.

Parent/Guardian Name	Signature	Date
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If you need further information, please call (949) 725-2200 between 8am and 5pm, Mondays through Fridays, or email us at info@avidacademy.com. Visit our website at <http://www.avidacademy.com> for other resources on educating gifted students.