

La Salle High School 2008 Summer Application

3000 Lightning Way, Union Gap, WA 98903-2213. (509) 225-2900

(Please type or print. ***Be sure to complete both sides.***)

Student's Last Name/First/Middle Age

Grade: _____ Gender: _____ Male _____ Female
08-09

Student lives with (Please specify titles, such as Mr., Mrs., Dr., Rev., etc.):

Title Last Name First Name (Father/Step-father)

Title Last Name First Name (Mother/Step-mother)

Address (Number & Street, include Apt. #) City State Zip

Home Phone Number Father's Work/Cell Phone Mother's Work/Cell Phone

Email address

Signature below gives absolute right and permission for La Salle High School to use my child's name and/or photo in its electronic media. I understand that the name and photograph(s) may be used in electronic media such as video, CD-ROM, Internet, or World Wide Web. I release La Salle High School, the photographer, their offices, employees, agents, and designees from liability for any violation to any personal or propriety right I may have in connection with such use.

Parent/Guardian Date

Return completed forms with fees to:

La Salle High School Summer Institute
3000 Lightning Way
Union Gap, WA 98903

Print additional registration forms at www.lasallejakima.org

Consent for Medical Care and Treatment

In an emergency, if we cannot be reached, and our family physician is not available,

I, _____ give La Salle High School permission to use the
(Parent/Legal Guardian)
closest available medical facility and I authorize all medical, surgical, diagnostic and hospital
procedures as may be performed or presented by a physician for _____
(Child's Name)

Emergency Information:

Emergency Contact Name (local person) Home Phone/Work Phone

Address (Number & Street, include Apt. #) City State Zip

Relationship to Student/Student's Family

Insurance Carrier: _____ Policy#/Group#: _____

Preferred Hospital: _____

Student's Medical Information:

Date of Birth _____ Allergies: _____

Known Medical conditions (e.g. asthma): _____

Medications: _____

Family Physician Physician Phone

Please Complete for Sport Camp Participants

Amateur Athletic Minor Waiver & Release of Liability

I hereby acknowledge and fully understand that each participant will be engaging in activities that could cause injury and hereby waive and release La Salle and its employees from any liability from injuries and illness incurred by the above participation.

Parent/Guardian (Print Name) Signature

Date: _____

La Salle High School 2008 Summer Institute Financial Contract

3000 Lightning Way Union Gap, WA 98903-2213. ☎ (509) 225-2900 ☎ www.lasalleyakima.com

(Be sure to complete both sides.)

Print Student's Last Name/First/Middle _____

Age _____

Grade: _____
08-09

Gender: _____ Male _____ Female

Before classes or camps begin, all summer participants must complete both sides of this form and mail it to:
La Salle Summer Institute, 3000 Lightning Way, Union Gap, WA 98903 or fax it to 509.225-2950.

Be sure to allow ample time for the forms to arrive before your child's first day of attendance. All students must be pre-registered and forms/payment received by the main office before attending a class or camp. Please call 509.225.2900 if you have questions/concerns.

High School Prep Math (for incoming 9 th graders) M-T-W-Th June 23-July 17	\$100	
High School Prep English (for incoming 9 th graders) M-T-W-Th June 23-July 17	\$100	
Camp College (for returning La Salle students) June 16-19th (9:00-11:30)	\$50	
Academic Edge (for returning La Salle students) June 25th-July 19th (8:30-11:30)	\$75	
Co-ed Science Camp Grade K-3 (grade recently completed) June 17-19 (1:00-2:30)	\$50	
Co-ed Science Camp Grade 4-7 (grade recently completed) June 24-26 (1:00-2:30)	\$50	
Registration Fee (\$15 per person)		\$15
TOTAL		
Girls Soccer Camp (please circle your t-shirt size: sm med. large x-large) Grade K-3 (grade recently completed) June 17-19 (3:00-5:00)	\$50	
Girls Soccer Camp (please circle your t-shirt size: sm med. large x-large) Grade 4-7 (grade recently completed) June 24-26 (3:00-5:00)	\$50	
Boys Football Camp (please circle your t-shirt size: sm med. large x-large) Grade 2-7: (grade recently completed) July 21-23 (6:00-8:00)	\$50	
Sub-Total		
Sub-Total (from academic courses)		
TOTAL		

Financial Policies:

- Register by Fri., May 23, 2008.
- All fees must be paid in full at the time of registration.
- \$15 Registration Fee for each student.
- All fees are non-refundable unless La Salle fails to hold the class or camp.

Please Note:

Students should bring a snack if that is needed for the longer sessions. The vending machines will also be available.

Paying by Credit Card *(A 1.5% processing fee will be added.)*

Visa/MasterCard Number: _____ 3 digit code on back of card: _____ Expiration Date: _____

Cardholder's Name: _____ Signature: _____ Today's Date: _____

Paying by Check or Money Order: Make checks payable to **La Salle High School**. Send registration and payment to: **La Salle High School Summer Institute**
3000 Lightning Way
Union Gap, WA 98903.