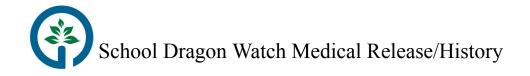


Please circle which session you need: AM only / PM only / AM and PM / Wednesday Only

Student Last Name	Student First Name	M.I.	Grade for 23/24	Age	Gender : M
Parent/Guardian Informati	<u>on</u>				
<u>1. </u>					
Parent/Guardian Last Name	Parent/Guarc	Parent/Guardian First Name		M.I.	
Street Address					
Email Address	Home Phone	one Cell Phone		Work Phone	
<u>2.</u>					
Parent/Guardian Last Name	Parent/Guard	Parent/Guardian First Name		M.I.	
Email Address	Home Phone		Cell Phone	Work Phone	
Emergency Contacts/Autho	<u>rized Pick Up</u> You must not	ify us in wri	iting if anyone not list	ed is pickin	ng up your child
1					
Emergency Contact Last Nan	he First Name		Home Phone	Cell Phone	
2.					
Emergency Contact Last Nan	he First Name		Home Phone	Cell Phone	
3.					
Emergency Contact Last Nan	he First Name		Home Phone	Cell I	Phone
Authorization to Remove C	hild				
Father: YesNo	Mother: Yes No	_ (If NO	, documentation) _		
Print Parent/Guardian Name	e Parent/Gua	Parent/Guardian Signature		Date	



Student Name:_____

Emergency Medication Treatment: I understand that every effort will be made to contact the Parent/Guardian of the student. If this is not possible, I hereby authorize Galileo School Dragon Watch to obtain medical treatment.

Parent/Guardian Signature:		Phone:		
Child's Physician:	Address:	Phone:		
Medical Insurance Provider:	ID#	Group #		

Does your child have any current medical conditions/health problems? If yes, explain

Allergies

Waiver & Acknowledgement- Please read and initial

I hereby state that my child is physically and mentally capable of safe participation in Galileo School Dragon Watch activities. I understand and acknowledge that participation at the GSGL program is a privilege, and I release GSGL, its agents, contract services, servants, and employees from all liability for any injury, illness, loss or damage connected in any way to my child's participation in GSGL activities. I also authorize GSGL to obtain medical treatment for my child in the event of an emergency. GSGL reserves the right to remove any student who, according to the Director's discretion, is judged detrimental to the general welfare of the camp, program, staff and/or other students. The right is reserved to search any student's belongings, according to the Director's discretion, when reasonable information is available that illegal substances and/or objects may be present. I understand that any damage to property caused by my child will be billed directly to the parent/guardian and the child may be asked to leave the program. No refunds or prorated funds will be given.

I have received my copy of the Dragon Watch Handbook (2023–2024) for Galileo School for Gifted Learning. I agree that I (1) have read the handbook and agree to abide by the policies, (2) will comply with all requirements contained in the handbook, (3) will keep the handbook for future reference, and (4) will adhere to present and future school policies, procedures, and rules. I further agree that, if I have an unpaid balance for any of my child's accounts, such debt may be turned over to a collection agency for resolution. I understand that enrollment at Galileo School for Gifted Learning is a choice and if I or my child am unable or unwilling to adhere to the guidelines set forth by this handbook. I may choose to enroll my child in his/her zoned Seminole County Public School

I understand that no credits will be given for missed days, late arrival or early departure during any Galileo School Dragon Watch Program.

Authorization for Photography- Please initial

Permission for photographs to be taken during Galileo School Dragon Watch Program Permission to use photographs for GSGL website, Facebook, or other advertisements associated with GSGL.