

2017 SAT PREP REGISTRATION

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of School Currently Attending: \_\_\_\_\_ Grade Entering in the Fall: \_\_\_\_\_

- I/we understand that a minimum of 5 students are required to run a class. Enrollment in this course requires each student to abide by the rules and policies of NSU University School as read in the student handbook. By signature, I/we accept financial responsibility for the tuition and fees. **Once fees are paid, I/we realize that they are non-refundable and make-up days are unavailable.**

Initial: \_\_\_\_\_

- The use of my photograph and/or my child's photograph(s) in NSU University School publications, Website, and/or advertisements is authorized.
- I/we hereby release and hold harmless Nova Southeastern University; it's Board and Officers and NSU University School, its officers, trustees, directors, employees, and agents from all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, which result while the student is taking part in all NSU University School summer programs/classes.
- I/we hereby agree that I/we will be responsible for any loss, damage, or destruction by the student and NSU University School is not responsible for any lost, stolen, or damaged personal property that my child brings to the program.

<p><b>SAT Prep.....\$450</b></p> <p><input type="checkbox"/> <b>January 11-March 16</b> (Monday/Wednesday 4:00pm-6:00pm) <b>*Saturday Practice Days 1/28, 2/4, 2/18, &amp; 2/25</b> 9:00am-1:00pm <b>*NO Class January 16, February 20 and 22</b></p>
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Parent Signature: \_\_\_\_\_

**Mother/Father/Guardian/Co-Parent:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Code: \_\_\_\_\_

Cell#: \_\_\_\_\_

Email Address: \_\_\_\_\_

<p><b>Pay By: Check • Cash • MasterCard • Visa • American Express</b></p> <p>Make check payable to: <b><u>Camp Nova</u></b></p> <p>Credit card type: VISA    MASTERCARD    AMEX</p> <p>Cardholder's name: _____</p> <p>Credit card#: _____</p> <p>Expiration Date: ____/____/____</p> <p>Amount: \$ _____</p>
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**Emergency/Authorization to Release:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_