



*One form per student

Galileo School Dragon Watch Registration Form

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 F
-------------------	--------------------	------	-----------------	-----	--------------

Parent/Guardian Information

1. _____

Parent/Guardian Last Name	Parent/Guardian First Name	M.I.
---------------------------	----------------------------	------

Street Address _____

Email Address	Home Phone	Cell Phone	Work Phone
---------------	------------	------------	------------

2. _____

Parent/Guardian Last Name	Parent/Guardian First Name	M.I.
---------------------------	----------------------------	------

Email Address	Home Phone	Cell Phone	Work Phone
---------------	------------	------------	------------

Emergency Contacts/Authorized Pick Up You must notify us in writing if anyone not listed is picking up your child

1. _____

Emergency Contact Last Name	First Name	Home Phone	Cell Phone
-----------------------------	------------	------------	------------

2. _____

Emergency Contact Last Name	First Name	Home Phone	Cell Phone
-----------------------------	------------	------------	------------

3. _____

Emergency Contact Last Name	First Name	Home Phone	Cell Phone
-----------------------------	------------	------------	------------

Authorization to Remove Child

Father: Yes _____ No _____ Mother: Yes _____ No _____ (If NO, documentation) _____

Print Parent/Guardian Name	Parent/Guardian Signature	Date
----------------------------	---------------------------	------



School Dragon Watch Medical Release/History

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.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date