

The Summer Algebra Institute Registration Form

(Please submit one registration form for each student attending classes)

Student Name _____

Date of Birth _____ Age _____ Gender: (please circle one) M F

Street Address _____

City/State _____ Zip _____

School _____ Grade for Fall 2008 _____

Name of Primary Contact During SAI _____

Contact's Phone Number During SAI _____

E-mail address _____

Child's Physician's Name _____

Physician's Clinic/Phone _____

Please list any medical conditions your child has that any MSUM staff should be aware of:

Parental Release Form

- *I hereby release Minnesota State University Moorhead, SAI, and its employees, from any liability arising out of or in any way connected with participation of my son or daughter in program activities and field trips.*
- *I give permission to Minnesota State University Moorhead, SAI, and its employees, in the event that I cannot be reached at the emergency telephone number above, to transport and admit my child to a local hospital for the purpose of emergency medical treatment.*
- *I give permission to Minnesota State University Moorhead to photograph my child for future SAI brochures and advertising*

Parent's Signature: _____ ***Date:*** _____

Submit registration form with payment in one of the following ways:

U.S. Mail: MSUM Continuing Studies
PO Box 82
Moorhead, MN 56563

Fax: 218.477.5030

In Person: MSU Moorhead
Continuing Studies
811-11th St S
Moorhead, MN 56563

Earlybird registration fee: \$180

Postmarked after June 1, 2008: \$195

Please register me for the following session:

July 28-August 1
9am – Noon
(Entering 5th or 6th grade)

July 28-August 1
1-4 pm
(Entering 3rd or 4th grade)

Method of Payment:

Check enclosed (payable to MSUM)

Credit Card: MasterCard Visa Discover

Credit Card # _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Exp. Date _ _ / _ _

Signature _____

Cardholder zip code _____

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