

BAYS Enrollment Form 2011

June 23rd - 25th

Please print clearly. One enrollment form per student.
You must fill out the Medical Release on the back of form.

FINAL DEADLINE FOR ENROLLMENT AND PAYMENT IS JUNE 1st 2011

1 Personal Info

Participant's Name _____ Male Female
Mailing Address _____
City, State, Zip _____
E-mail address _____ Parent or Gaurdian _____
Phone(_____) _____ Alternate Phone(_____) _____
Roommate Request (Optional) _____

2 School Info

School Name _____
School Address _____
City, State, Zip _____ School Phone(_____) _____
Adviser _____ Years as an adviser _____
Yearbook Representative _____

3 Course Selection & Payment Info

Staff Position:

Adviser Editor-in-Chief Business Manager Staff Member Photographer

The Courses:

Choose One (required):

- Basic Yearbook Fundamentals \$355
- Editor Leadership & Materials \$385
- Business Manager \$385
- Adviser Survival Training \$285
- Adviser Roundtable \$285

Additional Courses (optional):

- InDesign Training \$30
- Adobe Photoshop Training \$30
- Photography Workplace \$45
- Yeartech Online Training \$30

Please Remember!

Deduct \$55.00 for commuters - see below
(commuters do not stay overnight)

Add \$75.00 for ADVISER ONLY single room accommodations
All fees must be paid in full by June 1st, 2011 or your space
could be forfeited to another individual.

Billing:

Total Due \$ _____
Amount Enclosed \$ _____
Balance Due \$ _____

The remainder of my tution is to be paid by:

PLEASE MAKE CHECKS PAYABLE TO B.A.Y.S.



Medical Release Form

THIS FORM MUST BE COMPLETED FOR EVERY STUDENT AND ADULT PARTICIPANT. RESERVATIONS WILL NOT BE ACCEPTED WITHOUT A COMPLETED MEDICAL RELEASE FORM

In consideration of the educational opportunity provided, the below named student or adult, I/we the parent(s), legal guardian(s) or spouse of the above named person or myself, do hereby hold harmless, release and forever discharge Jostens, Inc., the involved Jostens Sales Representative(s) and workshop employees, California State Maritime College at which the workshop described herein will be held, and their officers, agents and employees from any and all claims, demands, liability, actions, causes of action, attorney fees and expenses on account of damages to personal property or personal injury, which may result from causes beyond the control of, and/or without the fault or negligence of Jostens, Inc., the named Sales Representative(s) and workshop employees, California State Maritime College and their officers, agents and employees, during the workshop.

I/we also give permission that medical attention be administered to the below named or myself in case of emergency. I/we understand that any medical assistance of a more serious nature will be brought to our/my attention as conditions permit. I understand that the emergency contact will be notified as soon as such communication can be made.

In case of emergency treatment is required, my/our health insurance plan number and carrier are:

Medical Information

Participant's Name _____

Insurance Carrier & Policy Number _____

Parent/Guardian or Adult Participant's Signature _____ Date _____

Emergency Contact

Name _____ Phone (____) _____

Alternate Contact _____ Phone (____) _____

Mail Enrollment Forms To:

BAYS

1608 W. Campbell Avenue #232

Campbell, CA 95008

PH: (408) 564-3517

FAX: (408) 705-2017

E-MAIL: tammy.whitaker@jostens.com

Visit our website for additional information:

www.yearbook-education.com

