The 2019 SFU-CMS-PIMS Surrey Math Camp Opening Day Registration starts on Tuesday, June 25th in the Mezzanine at the SFU Surrey campus at 8:30am.

Camp Information

Camp Times: Activities run every day from 9:00 until 15:00.

Materials: If you have a compass and a straightedge, please bring it with you to the camp. A calculator and a pen will be useful as well.

Meals: Lunches and snacks are provided. In consideration for the environment, please bring your water bottle with you to the camp.

Note: The SFU-CMS-PIMS Surrey Math Camp is a day camp, and students are responsible for their transportation to and from the camp each day.
Registration Payment

For Guaranteed Placement in this year’s camp – the Payment Deadline Is June 14th, 2019

If the student’s school is NOT paying the registration fee, please see the payment options below. If the student’s school IS paying the registration fee, please skip this section.

Surrey Camp

Dates: Tuesday, 25 June - Thursday, 26 June
Fee: $30/student

To Pay By Credit Card Or Paypal: (Preferred Payment Method)

To pay by Credit Card or Paypal, please go to http://www.sfu.ca/math/k-12/sfu-k-12-student-math-camp/paper-camp-thankyou---payment.html. If you are paying for more than one student, you will be able to change the quantity of registrations at that time. You will also be asked to list the student(s) name(s) that you are paying for.

Please note - you do NOT require a Paypal account to use this service.

To Pay By Cheque:

1. Cheques should be made out to: Simon Fraser University.

2. In the Memo section, please write the Students First & Last Name that you are paying for.

3. Please mail cheques to:

   CASEY BELL
   DEPT OF MATH, SFU
   8888 UNIVERSITY DRIVE
   BURNABY, BC V5A 1S6
Student Name: ____________________________
First Initial(s) Last

Home Address: ____________________________________________

Home Telephone: ________________________ Student E-mail: ____________________________

Shirt Size (Please Circle One) Adult S Adult M Adult L Adult XL

*Please note that we will do our best to match up the requested size for students, but we cannot guarantee their size will be available*

Please indicate if students e-mail address can be shared with camp participants.  
☐ Share  ☐ Do Not Share

STUDENT HEALTH RECORD

1. Has any allergies (including allergies to medication):  ____  ____
2. Has had recent injuries or accidents requiring medical attention:  ____  ____
3. Has had sickness lasting longer than one week within past 12 months:  ____  ____
4. Takes medication on a regular basis:  ____  ____
5. Has a condition presently under a physician’s or dentist’s care:  ____  ____
6. Any reason why this student should not take part in any sporting activities?  ____  ____
7. Are there any food allergies or special needs that we should be aware of?  ____  ____

If you answered “YES” to any of these questions, please explain here (with names and dates):

____________________________________________________________________________________

7. Has completed poliomyelitis immunization by injections (Salk) or vaccine by mouth (Sabin):  ____  ____
8. Has had tetanus toxoid and booster inoculation within past ten years (Date: _____________):  ____  ____
9. Is in general good health with no serious physical impairments  ____  ____

If you answered “NO” to any of these questions, please explain here:

____________________________________________________________________________________

____________________________________________________________________________________

PLEASE FAX TO 778-782-4947 NO LATER THAN JUNE 14TH
# Parent/Guardian & Emergency Contact info

<table>
<thead>
<tr>
<th>Parent/Guardian</th>
<th>Name: ___________________________ First    Last</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home Phone: ___________________ Work Phone:</td>
</tr>
<tr>
<td></td>
<td>Cell Phone: ___________________ E-mail:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact #1</th>
<th>Name: ___________________________ First    Last</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home Phone: ___________________ Work Phone:</td>
</tr>
<tr>
<td></td>
<td>Cell Phone: ___________________ Relation to Child:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact #2</th>
<th>Name: ___________________________ First    Last</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home Phone: ___________________ Work Phone:</td>
</tr>
<tr>
<td></td>
<td>Cell Phone: ___________________ Relation to Child:</td>
</tr>
</tbody>
</table>

## RELEASE & INDEMNITY AGREEMENT

I/We, ___________________________ and ___________________________, hereby consent to the participation of the said Student in the 2019 SFU-CMS-PIMS Surrey Summer Math Camp (June 25-26, 2019) and agree to release, indemnify, and hold harmless the Department of Mathematics, the Faculty of Science, the Simon Fraser University and its employees and agents, from all claims of every kind (including costs, expenses, and legal fees) for damages and all suits instituted for damages arising out of the said Student’s participation in the said camp, including specifically, but not limited to, those resulting from injuries occurring to said Student and caused by the negligence or malfeasance of the said Student or the negligence or the malfeasance of the said Department of Mathematics, the Faculty of Science, the Simon Fraser University and its employees and agents.

<table>
<thead>
<tr>
<th>Signature - Parent/Guardian</th>
<th>Print Name - Parent/Guardian</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>------------------------------</td>
<td>-------------------------------</td>
<td>------</td>
</tr>
</tbody>
</table>

## Photography Release

I give the Canadian Mathematical Society and Simon Fraser University permission to reproduce photograph(s) taken at the 2019 SFU-CMS-PIMS Surrey Summer Math Camp on June 25-26, 2018, and I agree that the Canadian Mathematical Society and Simon Fraser University are entitled to use the photograph(s) described above in promotional materials.

- [ ] I am eighteen years of age or over (or)
- [ ] I am the parent/guardian of the student whose name appears below and I consent to these conditions.

Student’s name (printed): __________________________________________________________

<table>
<thead>
<tr>
<th>Signature - Parent/Guardian</th>
<th>Date</th>
</tr>
</thead>
</table>