



2022 Summer Camp Registration
 3130 Alpine Road, Suite 288 • Portola Valley, CA 94028
 T: 510.834.2272 • www.casc.net • cascmail@casc.net

CASC 2022 Summer Camp at UC Santa Barbara: July 25 – 28, 2022

Camp: HS-UCSB MS – UCSB Role: Student Advisor

Participant Information:

First Name: _____ Last Name: _____
 Birth Date: ____/____/____ Grade (Sept 2022): _____ Gender: M F
 Address: _____ City: _____ St: _____ Zip: _____
 Student Cell: (____) _____ Home Phone: (____) _____
 Ethnicity (grant info): _____ Adult T-Shirt Size: __S __M __L __XL
 CASC Region: _____

Camp Confirmations: It is important that you clearly list two (2) email address, as we will send confirmations to the two addresses listed below. If a confirmation is not received weeks prior to the conference, then call our office to request that the document be resent. (Always ensure email is clearly written).

Student First Name: _____ Student Last Name: _____
 Student Confirmation Email: _____

Alternate First Name: _____ Alternate Last Name: _____
 Alternate Confirmation Email: _____

Emergency Contact Information:

Parent/Guardian 1: First and Last Name: _____
 Phone Number: _____
 Parent/Guardian 2: First and Last Name: _____
 Phone Number: _____

School Information:

School (Sept. 2022) _____
 Address: _____ City: _____ St: _____ Zip: _____

Middle School Requirements:

Please be advised that any middle school group larger than four (4) is required to have an Advisor attend the camp session. No exceptions! It is important to provide the name of the Middle School Advisor that “will be attending” camp with his/her students this summer:

First Name: _____ Last Name: _____ Cell: _____

CASC Authorization:

_____ I understand that possession/use of drugs, alcohol, tobacco, electronic cigarettes and other controlled substances are not allowed.

_____ I understand students may not be in the rooms of members of the opposite sex except for scheduled group meetings.

_____ I understand I may not engage in sexual activity.

_____ I understand that participants must be at all scheduled activities and not leave the site without permission of the conference director.

_____ I understand that sexual harassment is grounds for dismissal from the program.

_____ I understand that violation of these rules will result in dismissal from the program and that I will be required to cover the cost for public carrier transportation home or to pick up my student personally.

I have read the CASC policies and rules and agree to abide by them. I will arrive for registration on the opening day by 8:30 am and remain until 3:00 pm of the closing day.

Student Signature: _____ Print: _____ Date: _____

Conference Fee and Policies:

| | Postmark Deadline | Double |
|-------------------|-------------------|--------|
| Fee On or Before: | May 20, 2022 | \$540 |
| | June 17, 2022 | \$565 |
| After | June 17, 2022 | \$590 |

*Final postmark Date: July 8, 2022.

**There are a limited number of scholarships. Please call the CASC office for an application.

Changes: Site transfer \$20/person. Gender substitution \$20/person.

Refunds: Refunds requests must be made in writing and postmarked 20 days prior to the conference. Automatic deduction of \$50/person will be charged for any refund to cover processing fees.

Advisor: Reserve Camp Space

If you are an Advisor, please (tick box) only if you do not have "all" the student names, as this will alert us to the fact that you are paying in advance to reserve space (s). You are responsible for sending us "each" of the individually completed forms (20) days prior to the start of camp.

The advisor is required to provide both home and cell phone numbers should we need to contact you during the SUMMER PERIOD. This information is not given to students.

Advisor's First Name: _____ Last Name: _____

Residence Tel.: (____) _____ Cell Tel.: (____) _____

Email: (print): _____

CASC Questions:

Last CASC Summer Conference Attended? ____ MS ____ HS Year: _____

Summer Track Completed: ____ MS ____ HS Track 1 ____ Track 2 ____

CASC Special Conditions:

Vegetarian Meals: _____ Food Allergies: _____

Mail / Email the completed registration form and check payable to:
CASC, 3130 Alpine Road, Suite 288, Portola Valley, CA 94028 or Contact _____ to pay by credit card