

**GEEK SQUAD
SUMMER ACADEMY
Registration Form**

**Submit this completed form
with payment to:
Computers For Children, Inc.
2558 Delaware Avenue
Buffalo, NY 14216
Fax: 716-823-0960**

Student Name _____ Age: _____

Email Address: _____

Home Address: _____ City: _____ Zip: _____

Present grade (circle one) 6 7 8 9 10 11 12 - School Name: _____

Currently registered KidCo Student (circle one) YES NO T-shirt Size (circle one) S M L XL

Have you attended a Geek Squad Academy previously? (circle one) YES NO

Any special needs/participation limitations? (dietary, medical transportation?) _____

Parent/Guardian Name _____

Address: _____ City: _____ Zip: _____

Email: _____ Cell Phone: _____

Work Phone: _____ Home Phone: _____

Emergency Contact Name: _____ Relationship: _____ Phone Number: _____

I give permission for the above named student to participate in the Computers For Children Geek Squad Summer Academy. I agree that student is able to participate in all phases of the activities except as noted above. I give permission for the named participant to be photographed and/or video graphed during activities and for Computers For Children, Inc, The Geek Squad Summer Academy, and ECC North to use in publications, and on their website to promote Computers For Children, Inc and the Summer Academy.

Parent/Guardian Signature: _____ Date: _____

Payment method (circle one and enclose payment):

Cash

Credit card (see below)

Check

Money Order (payable to Computers For Children, Inc.)

Credit Card Information: MasterCard Visa Discover

Name on Card: _____ **Card Number:** _____ **Exp Date:** ____/____

CSV (3 digits on back of Card): ____ ____ ____

Address: _____ City: _____ St: _____ Zip: _____

Cardholders Signature: _____

Returned Check Policy: Returned checks are forwarded to Global Check Recovery and are subject to electronic redeposit without further notice. Recovery fees allowed by state law (\$30) are assessed and may be debited from your checking account.