



# THOMAS AQUINAS COLLEGE

2020 Summer Great Books Program for High School Students — California

## Registration

Name \_\_\_\_\_ birthdate \_\_\_\_\_

Address \_\_\_\_\_ city, state, zip \_\_\_\_\_

Home phone \_\_\_\_\_ mobile \_\_\_\_\_ email \_\_\_\_\_

Father's name *Title (Dr., Mr., etc.)* \_\_\_\_\_ home phone \_\_\_\_\_ mobile \_\_\_\_\_

Father's address:  same as above \_\_\_\_\_

city, state, zip \_\_\_\_\_ email \_\_\_\_\_

Mother's name *Title (Dr., Mrs., etc.)* \_\_\_\_\_ home phone \_\_\_\_\_ mobile \_\_\_\_\_

Mother's address:  same as above \_\_\_\_\_

city, state, zip \_\_\_\_\_ email \_\_\_\_\_

To whom should the College send tuition bills?  father  mother  other

If other, please give name and mailing address \_\_\_\_\_

### Travel Arrangements\*

I will be **arriving** via  car  air\*\* (Flights must arrive at Los Angeles Int'l Airport between 8 a.m. and 3 p.m. on Sun., July 12.)

Airline \_\_\_\_\_ Flight # \_\_\_\_\_ Arrival Date \_\_\_\_\_ Arrival Time \_\_\_\_\_ am/pm

I will be **departing** via  car  air\*\* (Flights must depart from Los Angeles Int'l Airport between 8 a.m. and 5 p.m. on Sat., July 25.)

Airline \_\_\_\_\_ Flight # \_\_\_\_\_ Departure Date \_\_\_\_\_ Departure Time \_\_\_\_\_ am/pm

\* If your travel arrangements are not yet made, please send this form now, and notify the Admissions Office of your itinerary as soon as possible. Students who are flying standby must arrange their own transportation to the College. Please contact the Admissions Office for further information.

\*\* Please send itinerary to [admissions@thomasaquinas.edu](mailto:admissions@thomasaquinas.edu) as soon as it is available.

### Media Use

It is the policy of Thomas Aquinas College that its staff, faculty, representatives, and/or any media personnel authorized by faculty of the College may make digital, photographic, video and/or film images and records of students, faculty and staff during their time on campus and during their attendance at Thomas Aquinas College events. These images may be used for College-authorized media outlets, promotional purposes (College publications, news releases/stories, etc.) and on the College website.

I have read and understand the above policy, and I consent to the College's use of any image or record of me/my child for these purposes.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



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Name of student: \_\_\_\_\_

Name of current doctor: \_\_\_\_\_ telephone: \_\_\_\_\_

Your parents will be notified in case of an emergency.

Secondary emergency contact \_\_\_\_\_ home \_\_\_\_\_ mobile \_\_\_\_\_

Please send the following with your registration forms:  Immunization records  Copy of both sides of your health insurance card

## Health Insurance Information

Name of insurance company \_\_\_\_\_ policy number: \_\_\_\_\_

Policy owner's signature \_\_\_\_\_ date: \_\_\_\_\_

## Health History

Have you ever had:

Yes No

- Asthma
- Breathing problems
- Cancer
- Chronic medical condition(s)
- Concussion
- Chronic cough
- Diabetes
- Emotional problems
- Unexplained fever or night sweats
- Heart disease
- Intestinal problems

Yes No

- Involuntary weight loss
- Joint problems, including fractures/instability
- Medical allergies
- Migraines
- Over-the-counter medication(s) (note current below)
- Prescription medication(s) (note current below)
- Reactions to stings/bites
- Seizure disorders
- Skin disorders
- Surgeries
- Vision or hearing problems

If you answered yes to any of the above, please give details, including approximate date of most recent occurrence.

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If you are currently taking any prescription or over-the-counter medications, please give details (attach additional sheet if necessary).

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Please note any chronic medical conditions not noted above.

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Please list any food allergies you have; the College can accommodate some more restrictive diets (e.g. a gluten-free diet) but requests a doctor's note in these cases. To receive a copy of the College's meal preparation policy & guidelines, please contact the Admissions Office.

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Name of student: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

## AUTHORIZATION FOR THOMAS AQUINAS COLLEGE TO CONSENT TO TREATMENT OF MINOR LACKING CAPACITY TO CONSENT

The above Parent/Guardian of the above Minor hereby authorizes Thomas Aquinas College and its agents to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care for the above-named Minor which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician licensed under the provisions of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of such physician or at any hospital.

This authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of the agents of Thomas Aquinas College to give specific consent to any and all such diagnosis, treatment or hospital care which a physician meeting the requirements of this authorization may, in the exercise of the physician's best judgment, deem advisable. This authorization is given pursuant to applicable California law.

The above Parent/Guardian also hereby authorizes any hospital which has provided treatment to the above Minor under applicable California law to surrender physical custody of such Minor to the agents of Thomas Aquinas College upon the completion of treatment. The authorizations shall remain in effect until August 31, 2020, unless sooner revoked in writing and delivered to Thomas Aquinas College.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_