



~LUDI OCTOBRES~

SATURDAY, OCTOBER 24, 2009

DELEGATE REGISTRATION

Please print clearly in pen:

Name Phone: () _____-_____

School Grade: _____ Sex: M F (circle one)

Latin Level: MS1 MSAdv HS1 HS2 HS3 HSAAdv Check if you prefer vegetarian meals:
(circle one) Check if you prefer vegan meals:

Academic Tests:

- | | | | | |
|--------------------------------------|-------------------------------------|---|--|--|
| <input type="checkbox"/> Vocabulary | <input type="checkbox"/> Mythology | <input type="checkbox"/> Daily Life | Grammar | Reading Comprehension |
| <input type="checkbox"/> Derivatives | <input type="checkbox"/> Pentathlon | <input type="checkbox"/> Mottoes/Quotes/Abbrev. | <input type="checkbox"/> MS1/HS1 | <input type="checkbox"/> MS1/HS1 |
| | | | <input type="checkbox"/> MSAdv/HS2/HS3 | <input type="checkbox"/> MSAdv/HS2/HS3 |
| | | | <input type="checkbox"/> HSAAdv | <input type="checkbox"/> HSAAdv |

Sports:

- Basketball
- Dodgeball
- Volleyball
- Ultimate Frisbee

Workshops:

- Latin Insults
- Making Coins
- Hacking the Net, Latine
- Mayhem and Madness in the House of Atreus
- Reading a Roman Coin

Open Certamen

- Yes
- No

Other

- Impromptu Art
- Godspell*
(Limited seating, First forms in will receive priority.)

Certamen Strong Areas: _____

WAIVER

As the parent/legal guardian, I hereby agree to the following terms of agreements regarding the participation of my child in activities sponsored by the California Junior Classical League (CJCL) and Bentley Upper School:

- (1) I grant my child, _____, permission to attend Ludi Octobres at Bentley Upper School on October 24, 2009. I hereby certify that he/she is physically able to participate in the activities selected above.
- (2) The said organization or its officials, teachers, volunteers, or employees will not be held responsible or liable for any injury, accident, damage or loss incurred to my son/daughter in the activities in which he/she plans to participate.
- (3) I grant permission to any of the adult chaperones and/or sponsors present to act in "loco parentis" should the need arise.

Parent/Guardian signature

_____/_____/_____
Date

Emergency Contact

Phone: () _____-_____

*Note: It must be fully acknowledged by the party signing this document that all participation in this program is totally at the participant's own risk. To complete the registration of your child, this form must be read, fully understood, signed and returned with the registration form.