



Full Immersion German Summer Camp

Registration

Last Name	First Name	Address	Email
Birthday	Home Phone	Mother First Name & Cell	Father First Name & Cell

Medical Information:

Emergency Contact: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Allergies: _____

Parental Permission and Liability Release:

I hereby request, that my child participates in the activities as selected by the "German Summer Camp" staff. In the unlikely event of an emergency, if I cannot be contacted, I hereby authorize, that emergency treatment may be administered to my child. I also agree to release, indemnify, and hold harmless "GSF" and any of its employees from liability. By signing this form, I confirm having read the policy handbook of the "GSF", and agree with its terms and conditions. Additionally, I authorize the following individuals to be allowed to pick up my child, when necessary:

1.) Name: _____ 2.) Name: _____ 3.) Name: _____

Sessions my child will be attending:

June: _____ July: _____ August: _____

05/31-06/3 _____ 06/6-06/10 _____ 06/13-06/17 _____ 06/20-06/24 _____ 06/27-07/01 _____ 07/04-07/08 _____
 07/11-07/15 _____ 07/18-07/22 _____ 07/25-07/29 _____ 08/01-08/05 _____ 08/08-08/12 _____

Mother / Guardian's Signature: _____ Date: _____

Father / Guardian's Signature: _____ Date: _____