



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: _____
 06/5-06/9 _____ 06/12-06/16 _____ 06/19-06/23 _____ 06/26-06/30 _____ 07/03-07/07 _____ 07/10-07/14 _____
 07/17-07/21 _____ 07/24-07/28 _____ 07/31-08/04 _____ 08/07-08/11 _____ 08/14-08/18 _____

Mother / Guardian's Signature: _____ Date: _____

Father / Guardian's Signature: _____ Date: _____