



German - American
School of Ft. Lauderdale

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: _____

06/2-06/6 _____ 06/9-06/13 _____ 06/16-06/20 _____ 06/23-06/27 _____ 06/30-07/03 _____ 07/07-07/11 _____

07/14-07/18 _____ 07/21-07/25 _____ 07/28-08/01 _____ 08/04-08/08 _____

Mother / Guardian's Signature: _____ Date: _____

Father / Guardian's Signature: _____ Date: _____