



Full Immersion German Summer Camp Registration 2018

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: _____
 05/30-06/2 _____ 06/4-06/8 _____ 06/11-06/15 _____ 06/18-06/22 _____ 06/25-06/29 _____ 07/2-07/6 _____
 07/9-07/13 _____ 07/16-07/20 _____ 07/23-07/27 _____ 07/30-08/3 _____ 08/06-08/10 _____
 08/13-08/17 _____ 08/20-08/24 _____ 08/27-08/31 _____

Mother / Guardian's Signature: _____ Date: _____

Father / Guardian's Signature: _____ Date: _____