



# 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: \_\_\_\_\_