



Full Immersion German Summer Camp

Registration 2020

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: _____
 06/01-06/5 _____ 06/08-06/12 _____ 06/15-06/19 _____ 06/22-06/26 _____ 06/29-07/03 _____
 07/07-07/10 _____ 07/13-07/17 _____ 07/20-07/24 _____ 07/27-07/31 _____ 08/03-08/07 _____
 08/10-08/14 _____

Mother / Guardian's Signature: _____ Date: _____

Father / Guardian's Signature: _____ Date: _____