

# Spanish Immersion Summer Camp 2019– Registration Form



## Camper Information:

Child 1 \_\_\_\_\_ Age \_\_\_\_\_

Child 2 \_\_\_\_\_ Age \_\_\_\_\_

## Parent Information:

Parent 1 \_\_\_\_\_ phone \_\_\_\_\_

Parent 2 \_\_\_\_\_ phone \_\_\_\_\_

Email Contact \_\_\_\_\_

## Registration:

**Spanish Immersion Summer Camp is 9am- 1pm Monday – Friday week of July 15 and July 22. The cost is \$285 per child per week.**

**Please select the week/s:**

**July 15                      \$285**

**July 22                      \$285**

**To secure your spot in this camp, please submit full payment of \$285 by June 1, 2019.**

*If we do not receive an application and payment by this timeframe, we will give your spot to a waitlist family. Please note: There is a 10 day cancellation policy and no refunds will be provided to families after July 5, 2019.*

**Indicate method of payment: Check (payable to Town of Fairfax)    Cash    Credit Card**  
(Visa or Mastercard only)

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp \_\_\_\_\_/\_\_\_\_\_

3 digit code: \_\_\_\_\_ (on back of card, last #)

## Notes:

This camp is created for kids who have had Spanish exposure and comfortable in an

immersion environment. Basic oral comprehension recommended. For example, child can follow 2 step directions in Spanish. Must have a willingness to try and desire to learn Spanish.

Does your child/ren meet the above requirements? If so, can you please tell us your child's experience with the Spanish language?

Anything you need us to know or you'd like to clarify (i.e kids personality, multiple kids attending, etc)

**Release/Waiver Agreement:**

**General Release:** I hereby agree to indemnify and hold harmless Spanish Immersion Camp and the Town of Fairfax and all it's officers, employees, representatives and volunteers from and against any and all liabilities for any injury which may be suffered by me and/or by my child(ren) arising out of in in any way connected with participation in a Art Camp program. **Medical Treatment Consent & Sunscreen Permission:** In case of a medical emergency, I hereby give permission to any medical personnel selected by the camp staff to secure treatment. I give permission for the camp staff to apply or provide sunscreen to my child(ren). **Medical Insurance:** I understand and agree that it is my responsibility to provide accident and health coverage for the child or children named above while they are attending Spanish Immersion Camp. **Trip/Travel Permission:** I give my full permission for my child (ren) to leave campus on regular walking field trips. **Authorization for use of photography/videos:** Use of any pictures, text and or videos of/by me or my child(ren) may be used for camp training, advertising and marketing without any compensation to me or my child(ren). **Mediation or Binding Arbitration:** Any controversy or claim arising out of or related to my child(ren)'s participation in this camp will be settled by a professional mediation service, then by binding arbitration pursuant to the applicable rules of the American Arbitration Association. **I hereby agree to all the terms and conditions set forth above and additionally consent to my child(ren) participating in all camp activities on site and off site.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spanish Immersion Summer Camp**

142 Bolinas Road Fairfax CA 94930 Phone: 415-458-2340 email: [amannes@townoffairfax.org](mailto:amannes@townoffairfax.org)