



Administration Mailing Address:

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GERMAN SCHOOL Campus Inc. is a 501(c)(3) non-profit Public Benefit Corporation – Tax ID: 47-4952874

**Enrollment for the STEM Action Center Summer Day Camp 2017
Youth Center Newport Beach Sea Base, 1931 West Coast Hwy, Newport Beach CA 92663**

By signing up my child/children for the day camp, I am aware that I am responsible for the transportation to and from camp location. Arrival time is 8:30 am, pick up is 4:30 pm. Lunch bags and water needs to be provided by parents. We have daily a 1 hour supervised lunchbreak.

BIOGRAPHICAL INFORMATION

Student Last Name: _____

Student First Name: _____ M F

Birth Date: _____ Age: _____

Home Phone: _____

E-Mail: _____

Complete Mailing Address: _____

City: _____ State: _____ ZIP: _____

PARENT GUARDIAN

Name of Parent / Guardian: _____

Signature of Parent / Guardian: _____

Date: _____

Phone number where you can be reached during the week of day camp:

_____ alternative phone _____

MEDICAL INFORMATION (Must be fully complete)

Is the student currently taking any medication? Yes No

Type of illness being treated: _____

ACTIVITIES RESTRICTION AND PERMISSION

Please let us know if you like that your students have to be excluded from the following activities:

PARENTAL STATEMENT AND PERMISSION

The health and other information on this form is correct and the student herein described has my permission to engage in all camp activities.

I WILL BE RESPONSIBLE for notifying GERMAN SCHOOL campus of any new medical information regarding the student between now and start of camp.

I REALIZE that individuals at camp can injure themselves without fault on the part of GERMAN SCHOOL campus personnel. I release GERMAN SCHOOL campus from responsibility for injury of my child.

I UNDERSTAND that emergency care, even by ambulance, can take up to 15 minutes. The student named above has no current condition that would warrant closer emergency medical care.

AUTHORIZATION FOR TREATMENT: I HERBY GIVE PERMISSION to the medical personnel selected by the camp director, to provide medical treatment for the above named student, as deemed necessary, i.e. the administration of age appropriate doses of Acetaminophen (Tylenol) or Ibuprofen (Motrin) for pain. This may also include transportation to a medical facility. In the event of an emergency in which I cannot be reached, I hereby give permission to the physician selected by the camp director to secure & administer treatment, including hospitalization for the above named student.

I GIVE PERMISSION on behalf of my child for the use of the following by GERMAN SCHOOL campus for promotional purposes: (a) pictures taken while at camp; (b) quotations from evaluations/letters relating to camp experience.

I UNDERSTAND that GERMAN SCHOOL campus assumes no responsibility for students who leave camp ground for any reason other than programmed activities.

I UNDERSTAND that smoking by students or counselors is not permitted while at camp and will so inform my child.

I UNDERSTAND that health and accident insurance protection is my responsibility.

INSURANCE INFORMATION (please fill out completely)

Name of company: _____ Policy Holder: _____

Relation to student: _____

Policy / Group: _____ Is pre-approval required? _____

Insurance Co. # (for pre-approval): _____

PARENT / GUARDIAN SIGNATURE _____ **Date:** _____

Print Name: _____