



**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 2018  
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: \_\_\_\_\_