



2024 SUMMER CAMP REGISTRATION FORM

<i>Staff only</i>
ID#
Date Enrolled

Youth Participant Information

First and Last Name			Date of Birth			Age				
Residential Address				City			Zip			
Primary Language Spoken at Home				Gender		Is the participant of Hispanic, Latino, or Spanish Origin?			Yes	No
Country if from Hispanic/Latino Origin										
Home Phone			Cell Phone			Email				
Prior Spanish Experience										
Grade (circle one)			3 rd	4 th	5 th	School:				
Shirt Size (circle one)										
Child's Small	Child's Medium	Child's Large	Adult Small	Adult Medium	Adult Large	Adult X-Large	Other			

Parent, Guardian and Emergency Contact Information

Contact 1				Check all that apply		
First & Last Name		Relationship		Caregiver <input type="checkbox"/>	Emergency Contact <input type="checkbox"/>	Authorized for Pick Up <input type="checkbox"/>
Email Address		Phone				
Contact 2						
First & Last Name		Relationship		Caregiver <input type="checkbox"/>	Emergency Contact <input type="checkbox"/>	Authorized for Pick Up <input type="checkbox"/>
Email Address		Phone				
Contact 3						
First & Last Name		Relationship		Caregiver <input type="checkbox"/>	Emergency Contact <input type="checkbox"/>	Authorized for Pick Up <input type="checkbox"/>
Email Address		Phone				
Contact 4						
First & Last Name		Relationship		Caregiver <input type="checkbox"/>	Emergency Contact <input type="checkbox"/>	Authorized for Pick Up <input type="checkbox"/>
Email Address		Phone				

Please complete the reverse side of this document

SUMMER CAMP WAIVERS

Emergency Clause

In the event I cannot be reached in an emergency, I hereby give my permission to employees of **Viva La Librería** to secure medical care for my child as deemed necessary. This permission extends from minor first-aid treatment to (under a doctor's orders) hospitalization injections, anesthesia, and other medical procedures deemed necessary.

<u>Signature of responsible party</u>	<u>Relationship</u>	<u>Date</u>

Media Release

I hereby grant permission to record my child's/ward's likeness and/or voice for use by **Viva La Librería** in related campaigns to promote summer camps and other services that they offer.

<u>Signature of Responsible Party</u>	<u>Relationship</u>	<u>Date</u>
---------------------------------------	---------------------	-------------

Staff Alerts

Please list any behavioral problems, diet restrictions, medical conditions, or any other important information for our staff to know.

THANK YOU FOR CHOOSING VIVA LA LIBRERIA SUMMER CAMPS!