



# 2023 SUMMER CAMP REGISTRATION FORM

Staff only
ID#
Date Enrolled

## Camps (check off week(s) applying for)

Week 1: A journey through the Caribbean (June 5th - June 9th)

Week 2: A journey through Mexico & Central America (June 12th - 16th)

Week 3: A journey through South America, Part I (June 19th - 23rd)

Week 4: A journey through South America, Part II (June 26th - 30th)

## 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 (check all that apply)														
none			school immersion		prior Spanish camp/class		home/family		other					
Grade in Fall 2023 (check one)														
3 <sup>rd</sup>			4 <sup>th</sup>		5 <sup>th</sup>									
Shirt Size (check 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				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 3				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 4				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				

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 proper 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.

Signature of responsible party

Relationship

Date

### 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.

Signature of Responsible Party

Relationship

Date

### 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**

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