



2023 SUMMER CAMP REGISTRATION FORM

Staff only
ID#
Date Enrolled

Camps (check off week(s) applying for)

Week 1: A Journey through the Caribbean & Mexico (July 10-July 13)

Week 2: A Journey through Central & South America (July 17- July 20)

Week 1: Additional Spanish Conversation Lunches: _____

Week 2: Additional Spanish Conversation Lunches: _____

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 rd 4 th 5 th					
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

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

Contact 2

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

Contact 3

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

Contact 4

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

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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 LIBRERÍA SUMMER CAMPS

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