

GERMAN SUMMER CAMP REGISTRATION FORM 2011

German Church in Charlotte

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Please send this form to **German Church in Charlotte, P.O. BOX 240024, Charlotte, NC 28224.**
 In July you will receive a program for the camp that will describe the fields we will cover during this one week.
 Please enclose your payment with this form. Check payable to : **German Church in Charlotte**
 This registration is for the week **(July 11 - June 15, 2011)** or potential on demand **(July 18 - July 22, 2011)**
 We will not be able to refund if your child is sick during the camp and/ or can't attend for a day.

Student's first and last name: _____
 Date of Birth: ____/____/____ Age: _____ Sex: Male Female
M D Y
 Sibling's name (if applicable): _____
 Date of Birth: ____/____/____ Age: _____ Sex: Male Female
M D Y

Parents' names: _____
 Address: _____ Apt.: _____
 City: _____ Zip Code: _____

Home phone: _____
 Cell phone mother: _____ cell phone father: _____ email: _____

In case of emergency, contact: _____ Relation: _____
 Home phone: _____ cell phone: _____

Special Instructions (health, behaviour, allergies, transportation): _____

 Do/es your child/ren have any allergies (food, grass, hay fever....)?

Will anybody else be dropping off or be picking up your child/ren?

Is there anything we need to know about your child/ren to make the stay at camp successful?

Please sign the reliability release:
I agree and discharge SouthPark Christian Church and the teachers of the German Summer Camp of and from any claims, demands or liability arising from the participation of my child/children in the summer camp and outdoor activities.

Parent Signature: _____ Date: _____

In case of injury we will call you or the emergency contact immediately.
 If we can't reach you or the emergency contact please sign below and allow us to take the child to the nearest hospital if medical treatment seems necessary.
I understand that in case I am not available and my child is injured the teachers of the summer camp will take it to the nearest hospital.

Parent Signature: _____ Date: _____

A copy of my child's immunization record is attached to this form.

Parent signature: _____ Date: _____