



## 2010 Grade School Kindersommer Registration

### For students age 6-14

**All camps held at the German American School of Portland  
3900 SW Murray Blvd, Beaverton, OR 97005**

Payment is due in full at time of registration.  
Please send this form and your check (payable to GSP) to the above address.



**Please fill out a separate registration form for each child you are enrolling**

2/4    6/8    10/12    14/16  
A-5m    A-Med

Name of camper \_\_\_\_\_ Date of birth \_\_\_\_\_ T-shirt size (circle one) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Name of current school \_\_\_\_\_ Grade as of Sept. 2010 \_\_\_\_\_

Languages spoken and number of years studied \_\_\_\_\_

**Please fill in desired session(s) below!**

Registration #	Date of Camp	Registration #	Date of Camp
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Weekly Rate for all camps \$250, except for camps  
July 6-9 \$200 (pro-rated for 4th of July)  
Camp hours 9 am - 3 pm

**Before Care** June 21 to Aug 27 8am to 9am **FREE** \_\_\_\_\_ (Please ✓ if your child will arrive before 8:45am)

**After Care** available through Vermont Hills Family Life Center. Please sign up with them directly at 503.452.8633

**PARENT/GUARDIAN INFORMATION:**

Name of parent/guardian responsible for above student's registration \_\_\_\_\_ Email address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Please describe any special health issues, learning issues, allergies, or any other information which will help us care for your child:

\_\_\_\_\_

Please provide the name of an emergency contact person. This person is also authorized to pick up your child from the program.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

Please list any other adults who are authorized to transport your child to/from this program:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please initial the following:

\_\_\_\_\_ My child may be given the following non-prescription medications per manufacturer's directions: sunscreen, topical first aid ointment, and children's non-aspirin pain reliever.

\_\_\_\_\_ I am aware that GSP cannot accommodate children with food allergies in any cooking classes offered.

\_\_\_\_\_ My child has permission to participate in all program activities. I hereby request and authorize any physician, hospital or health care provider to administer medical treatment promptly, whether or not I may be contacted and informed.

\_\_\_\_\_ GSP staff will dispense medication under physician's orders. Please contact a staff member for additional paperwork.

\_\_\_\_\_ I am the parent or legal guardian of the above named child participating in the GSP programs. I hereby release, waive and discharge GSP, and all of its instructors, employees, officers, directors, agents and volunteers from any and all liability to me, to my child and to all my legal representatives, assigns, heirs, and next of kin for damage and injury to my child or to any person or property arising out of participation in the program, whether on GSP premises or elsewhere. This agreement includes, but is not limited to claims or demands on account of injury or damage caused or allegedly caused by negligence of GSP or any individual named above.

\_\_\_\_\_ My child has permission to be photographed for publicity purposes.

\_\_\_\_\_ I am financially responsible for my child's enrollment in this program. I understand that there are no refunds and no discounts for late enrollment, withdrawal during the camp session, or absenteeism.

\_\_\_\_\_ Registration refund policy: 90% if withdrawn before April 30, 50% if withdrawn by May 31, no refund after June 1st.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_