

SDFAS Summer Camp Registration form (Form 1)

Camper's Name: _____ Gender: Girl Boy
Last First

Age Today: _____ Birth Date: _____ Actual Grade level: _____ School Attending: _____

Mother's Name: _____ Cell Phone: (____) _____ Day Phone: (____) _____

Address: _____ E-mail Address: _____
Street Address

City State ZIP Code

Father's Name: _____ Cell Phone: (____) _____ Day Phone: (____) _____

Address: _____ E-mail Address: _____
Street Address

City State ZIP Code

For pre-elementary camp: I certify that my child is fully potty-trained and agree to remove him/her from the camp if not potty trained. Please sign _____

For all campers: How did you hear about the Summer Camp? _____

Childcare: (Please circle)	After-care (4-5 p.m.)	After-care (4-6 p.m.)
	\$40/week	\$80/week
June 29 th -2 nd	\$32/week	\$64/week

Lunch with Girard Gourmet: _____ No lunch _____ Lunch (fill out next page) _____

Field Trip: I hereby give permission for this student to participate in all camp-related activities that may take place off-campus, such as field trips, including transportation to and from these activities (for 6 Y-up).

Photography Release: I give permission for my child's picture to be released to parents and used in SDFAS publications (children will not be identified by names).

Dates	Camp Name	a.m. camp	p.m. camp	All day camp	\$	Discount	Total
June 22 nd -June 26 th							
June 29 th -2 nd (July 3 rd off)							
July 6 th -10 th							
July 13 th -17 th							
July 20 th -24 ^h							
July 27 th -31 st							

Today's DATE: _____
TOTAL: \$ _____

Method of Payment: CHECK # _____ CASH: _____ CREDIT CARD _____	Received registr.: _____
Charge to my Credit Card: VISA MC American Express (Please circle)	Emailed date: _____
CC number # _____ EXP DATE: _____	Charged date: _____

Girard Gourmet Lunch Registration Form (Form 2)

Lunch will be provided by Girard Gourmet a local La Jolla Catering Company.

Diana: Tel (858) 454-3325 www.girardgourmet.com

7837 Girard Ave. La Jolla, CA 92037

Please print clearly

Parent's Name: _____ Cell Phone: (____) _____

Day Phone: (____) _____ E-mail: _____

Today's Date: _____

3-5 years (please circle)

SDFAS Camp: 06/22-06/26 06/29-07/02 07/06-07/10 07/13-07/17 07/20-07/24 07/27-07/31

Chinese Camp: 06/22-06/26 06/29-07/02 07/06-07/10 07/13-07/17 07/20-07/24 07/27-07/31

Name of child: _____

Food Allergy please specify: : _____

Number of Weeks: _____ X \$25 or \$20 for shorter week =

6-12 years (please circle)

SDFAS Camp: 06/22-06/26 06/29-07/02 07/06-07/10 07/13-07/17 07/20-07/24 07/27-07/31

Chinese Camp: 06/22-06/26 06/29-07/02 07/06-07/10 07/13-07/17 07/20-07/24 07/27-07/31

Name of child: _____

Food Allergy please specify: : _____

Number of Weeks: _____ X \$25 or \$20 for shorter week =

Method of Payment: CHECK # _____ CASH: _____ CREDIT CARD _____

Charge to my Credit Card: VISA MC American Express (Please circle)

CC number # _____ EXP DATE: _____

3 to 4 digit Code: _____

Received Registration:

Emailed Date:

Charged:

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME		LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS		NUMBER	STREET	CITY	STATE	ZIP
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME		LAST	MIDDLE	FIRST	BUSINESS TELEPHONE <i>Call</i> ()	
HOME ADDRESS		NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME		LAST	MIDDLE	FIRST	BUSINESS TELEPHONE <i>Call</i> ()	
HOME ADDRESS		NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD		LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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**CONSENT FOR EMERGENCY MEDICAL TREATMENT-
Child Care Centers Or Family Child Care Homes**

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

_____ DATE

_____ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

_____ HOME ADDRESS

HOME PHONE
()

WORK PHONE
()

**SAN DIEGO FRENCH-AMERICAN SCHOOL
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

Please carefully review this RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT (“Agreement”). This Agreement is legally binding. By signing this Agreement, you are waiving the right to bring a court action and to recover compensation, damages, or a remedy, of any kind, for personal injuries, accidents or illness (including death) and property damage or loss, arising out of your child’s or childrens’ participation in group outings, field trips, playground, recreational, and sports activities, use of playground, recreational, and sports equipment, and any other activities that your child or children enrolled in the San Diego French American School (“SDFAS”) participate in on the campus of the SDFAS, or while participating in SDFAS sponsored events off campus.

In consideration for permitting my child or children to participate in group outings, field trips, playground, recreational, sports, and other activities, and to use playground, recreational, and sports equipment, on the campus of the SDFAS, or while participating in SDFAS sponsored events off campus, for myself, my child or children, my heirs, personal representatives and assigns (“releasees”), I agree as follows:

1. I am the Parent/Guardian of the following child or children enrolled in the SDFAS:

2. I understand and agree that my child’s or childrens’ participation in group outings, field trips, playground, recreational, and sports activities, use of playground, recreational, and sports equipment, and any other activities that my child or children participate in on the campus of the SDFAS or while participating in SDFAS sponsored events off campus., carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The risks vary from one activity to another, but the risks range from (1) minor injuries such as scratches, bruises, and sprains (2) major injuries such as eye injuries, broken or fractured bones, and concussions, and (3) catastrophic injuries, such as and including, paralysis and death.

3. I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE SDFAS, its officers, directors, employees, volunteers, and agents (hereinafter, “released parties”), from any and all claims and liability, including the negligence of the released parties, for personal injuries, accidents or illness (including death) and property damage or loss arising from, but not limited to, my child’s or childrens’ participation in group outings, field trips, playground, recreational, and sports activities, use of playground, recreational, and sports equipment, and any other activities that my child or children participate in on the campus of the SDFAS or while participating in SDFAS sponsored events off campus.

4. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the released parties, from any and all claims, actions, suits, procedures, costs, expense, damages and liabilities, including attorneys' fees, brought or incurred, as a result of my child or childrens' participation in group outings, field trips, playground, recreational, and sports activities, use of playground, recreational, and sports equipment, and any other activities that my child or children participate

5. I HEREBY ASSUME FULL RESPONSIBILITY FOR personal injuries, accidents or illness (including death) and property damage or loss arising from, but not limited to, my child's or childrens' participation in group outings, field trips, playground, recreational, and sports activities, use of playground, recreational, and sports equipment, and any other activities that my child or children participate in on the campus of the SDFAS or while participating in SDFAS sponsored events off campus.

6. I agree that this Agreement and my release and waiver of liability and indemnification is intended to be as broad and inclusive as is permitted by the law of the State of California and that, if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

7. I acknowledge that:

(a) I have read and knowingly, freely, and voluntarily sign this Agreement;

(b) I fully understand the terms of this Agreement and understand that I am giving up substantial rights, including the right to sue; and

(c) That no oral representations, statements or inducement apart from the foregoing written statements have been made to me concerning the subject matter of this Agreement.

Print name of Parent or Legal Guardian

Signature of Parent or Legal Guardian Date:

Print name of Parent or Legal Guardian

Signature of Parent or Legal Guardian Date: