

Zauberwelt

For office use only: Date: _____

German Language Immersion Experiences
c/o German American Society
7901 SE Division Street, Portland, OR
97221
971-275-0823

Chk #: _____
Amt: _____
Init: _____

Registration Packet

Zaubertag

German makes summer fun!

**Immersion day camp
in Southeast Portland for beginners and
others!**

- Week 1** June 21-24, 2010 9 a.m. to 2 p.m. _____ \$200
- Week 2** June 28 – July 1, 2010 9 a.m. to 2 p.m. _____ \$200
- Week 3** July 5 – 8, 2010 9 a.m. to 2 p.m. _____ \$200

Please send your signed registration packet and check, made payable to the German American Society, to the German American Society, 7901 SE Division Street, Portland OR 97201.

	6/8	10/12	14/16
Name of Camper			
Date of Birth			
Grade in Fall			
T-shirt size			

Parent or Guardian Name _____ E-mail _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

German Language Ability _____

Notify in Case of Emergency:

Name	Relationship	Phone
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Name	Relationship	Phone
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I hereby authorize the doctor listed below or any other qualified doctor to treat my child/ren in case of an emergency while attending Zaubertag.

Doctor's Name: _____ Doctor's phone: _____

Insurance Carrier: _____ Subscriber Name: _____

Subscriber ID: _____ Group Number: _____

List allergies, unusual conditions of which we should be aware, or other special instructions:

PLEASE LIST ALL PERSONS REGULARLY AUTHORIZED TO PICK UP YOUR CHILDREN:

In the event of a major disaster, if we, the undersigned parents are unable to pick up the children listed, we authorize Zaubertag to delegate the responsibility to the following person(s).

1	Name	2	Name:
	Address:		Address:
	Phone Number:		Phone Number

Please inform them that you have chosen them. In an emergency, they need to know what to do.

CONSENT FORM

Enrollment: I agree to pay the summer camp fee of \$200 per student. I also understand that my child/myself is not covered by any insurance and that Zaubertag, the German Saturday School of Portland, its director, instructors and sponsors and the German American Society are not responsible for any kind of injury my child or myself may sustain while attending camp, whether this injury occurs in or on the school grounds or on the way to or from school. I also understand that the German Saturday School of Portland reserves the right to refuse admittance of any student to suspend any student at any time if the student's behavior justifies such action.

Emergency Authorization: This form authorizes the German Saturday School of Portland to take whatever emergency steps necessary. As the parent, legal guardian and agency representative, I hereby give consent to the German Saturday School of Portland to provide all emergency medical or dental care prescribed by a duly licensed physician (MD) or dentist (DDS) for my children. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

The above is correct to the best of my knowledge. I agree to abide by the rules and regulations of the German Saturday School of Portland.

Signature of Parent/Guardian _____ Date: _____