



German American Society  
 7901 SE Division St.  
 Portland, OR 97206  
 971.275.0823  
 www.gssop.com

For office use only  
 Date: \_\_\_\_\_  
 Check #: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Initials: \_\_\_\_\_

# Zaubertag

Join us for a magical  
 German language immersion day camp  
 in Southeast Portland.

## 2009 Registration Packet

Week 1	June 22-25	9a.m. to 2 p.m.	_____	\$195
Week 2	June 29 – July 2	9 a.m. to 2 p.m.	_____	\$195
Week 3	July 6 – 9	9 a.m. to 2 p.m.	_____	\$195

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 97206.

Name of Camper		Date of Birth	Grade in Fall	6/8 10/12 14/16 T-shirt size
Address		City, State, Zip Code		
Home Phone	Cell Phone		Work Phone	
German Language Ability				
Parent or Guardian Name		E-mail		

Please complete and sign reverse of form.

Notify in Case of Emergency:

1	Name:	Relationship:	Phone:
2	Name:	Relationship:	Phone:

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:	Phone:
Insurance Carrier:	Subscriber Name:
Subscriber I.D.:	Group #:

Please list allergies or any unusual conditions of which we should be aware or any other special instructions:

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In the event of a major disaster, if we, the undersigned parents are unable to pick up the children listed from camp, we do hereby authorize the German Saturday School of Portland or the German American Society to delegate the responsibility to the following person.

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.

PLEASE LIST ALL PERSONS AUTHORIZED TO PICK UP YOUR CHILDREN:

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I agree to pay the summer camp fee of \$195 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 INFORMATION AND CONSENT FORM**

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: \_\_\_\_\_