



Spanish Camp!

August 12, 13 and 14, 2019 at the Clair Nelson Community Center

Registration Form – Deadline for Registration: August 9 , 2019

We need to have a completed form and fee of \$25 or hardship waiver on file to secure a spot for your child.

Participant Name(s) _____ **Birth Date(s)** _____

Going into what grade(s) in the fall _____

Address _____

Parent/Guardian Information

Name _____ Home Phone _____

E-Mail _____ Cell Phone _____ Work Phone _____

Emergency Information

Emergency Contact's Name _____ Phone # _____

Relationship to Child _____ Alternate Phone # _____

Spanish Camp Behavior Agreement

We all agree – children, teens and adults- to treat each other with kindness and respect - in both actions and words. Teens and adults will model this behavior for children. We agree to take good care of the buildings, grounds and equipment at the Clair Nelson Center and any off-site locations. We will participate in clean-up willingly, cheerfully and without being nagged. We will participate in generating ideas and solutions to issues that may arise.

The **consequences** for failing to behave this way: You will be given up to 2 warnings to correct the behavior. If you don't, any of the following may be implemented: you will correct or fix the problem; have a time out; or be denied participation in a fun activity. If the unacceptable behavior continues, Spanish Camp Staff will contact your parent(s) or guardian. In the case of an extreme or severe infraction, we may ask that they come pick you up so you're not able to finish the camp day, or in worst -case -scenario you won't be able to attend one or more or the remaining days of Spanish Camp.

I understand how I'm expected to behave at Spanish Camp and the possible consequences for not doing so:

Participant Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

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Informed Consent and Acknowledgement

My child has permission to participate in any and all activities prepared by Spanish Camp Staff. I assume all risk and hazards incidental to the conduct of the activities and release and absolve and hold harmless, Clair Nelson Spanish Camp Staff, Center and all of its respective officers and agents from any and all liability for injuries from said child arising out of his/her participation.

Parent/Guardian Signature _____ Date _____

Medical Release and Authorization

Allergies to Medications: _____

Allergies (Other) _____

Please note **all** conditions for which the child is currently receiving treatment: _____

Note any other significant medical information _____

Authorization and Consent of Parent(s) or Legal Guardians(s)

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for Clair Nelson Spanish Camp staff and volunteers to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Clair Nelson Center Spanish Camp staff and volunteers to summon any and all professional emergency personnel to attend, transport, and treat the Minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of Clair Nelson Spanish Camp staff and volunteers in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel. Signed this _____ day of _____, 20____.

Parent/Legal Guardian Signature: _____ Printed Name _____

Witness Signature _____ Printed Name _____

Any additional information about your child you'd like staff to have (it will be kept in confidence)

Permission to use photos: I give permission for Spanish Camp to use my or my minor child(ren's) photos participating in Camp activities for promotional purposes on its website or publications. I understand such photos will not be sold, or otherwise reproduced.

Parent/Legal Guardian Signature _____

RETURN THIS FORM AND CHECK OR MONEY ORDER NO LATER THAN **August 9th** to Spanish Camp, PO Box 582, Finland, MN 55603. Alternatively, give to Staff at Youth Night. Checks can be made out to "Friends of Finland", "Spanish Camp" in memo line please.