

Casa Italiana Language School
 595 ½ THIRD STREET NW - WASHINGTON, DC 20001-2703
 (202) 638-1348 TEL (202) 638-4246 FAX

SUMMER CAMP REGISTRATION FORM

Student's Last Name	First Name	Birth Day (Mo./ Day/ Yr.)	Age
Home Telephone	Home Address	CITY	STATE ZIP CODE
Mother's Name	Cell Phone	Business Telephone	E-mail
Father's Name	Cell Phone	Business Telephone	E-mail
Stepmother / Stepfather/ Guardian's Name	Home Telephone	Business Telephone	E-mail

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EMERGENCY CONTACT

Emergency Contact Name	Home Telephone	Business Telephone	Cell Phone	E-mail
Physician's Name	Address		Telephone	

Preferred hospital for emergency care: _____
 For immediate medical attention, your child will be taken to the nearest hospital.

Does your child have any allergies? _____

Does your child take any medications? _____

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SURVEY FORM

Child's Name _____ Age _____

Circle the number most closely representing your child's skills in the Italian language:

Proficiency in	0	1	2	3	Key:
a. Understanding	0	1	2	3	0 = none
b. Speaking	0	1	2	3	1 = little
c. Reading	0	1	2	3	2 = fair
d. Writing	0	1	2	3	3 = good

I HEREBY ENROLL _____ IN THE CASA ITALIANA SUMMER CAMP 2008 FOR THE FOLLOWING SESSIONS:

- SESSION I: June 16th- June 27th, 2008
 - SESSION II: June 30th- July 11th, 2008
 - SESSION III: July 14th- July 25th, 2008
- Choose one:
- Language Track
 - Soccer Track

REGISTRATION SUBJECT TO AGREEMENT BELOW

- **Non-refundable** registration fee of \$35 and an enrollment deposit of \$200 must be paid with application by May 15th.
- All fees must be paid **in full** by June 1st (except deferred plan).
- (*) **Deferred plan** is available only for students who apply to full 6-week session.
- Fees will not be prorated for partially attended sessions.
- Programs may be cancelled at the discretion of Casa Italiana School due to minimum participation requirements. In the event that a program is cancelled by Casa Italiana School, a full refund of all fees paid will be issued. Otherwise, NO REFUNDS will be issued.
- Behavioral problems such as bullying or bothering other campers, including any action or words that disrupt camp activities, or disregard for the rules that govern the camp, may result in the child s dismissal from the camp without refund.
- All programs have limited availability and are filled on a first come, first served basis. Fees include all regular daytime activities, one T-shirt and transportation to/from camp site (Villa Rosa).
- **An additional fee of \$15 will be assessed for every 15 minutes after end of the child s camp day. If the fee is not paid upon pick-up, your child will not be admitted to the next day s camp session.**
- Campers will bring their own lunch. Snack will be provided in the morning and in the afternoon.

Please print

Parent/Guardian Name: _____ Camper s Name: _____

Signature of Parent/Guardian _____ Date: _____

CONSENT FORMS

Soccer Camp:

Soccer is at times a physical, contact sport. As the parent of the camper enrolled in Casa Italiana s Soccer Camp, I understand that these activities and games are hazardous by nature and I assume all risks of injuries arising from participation. I release, indemnify and hold harmless Casa Italiana and its directors, employees and staff from any claim, suit, demand or other action arising in connection with the camper s participation.

Personal medical insurance is required. If the camper requires medical attention every effort will be made to contact his/her parent, guardian or emergency contact. In the case of an emergency the camper will be provided emergency medical services prior to informing the parent or guardian. I assume responsibility for any costs incurred in treating the camper. I waive any liability or accountability to Casa Italiana for medical services provided.

The camper s parent or guardian is responsible for any property damage caused by the camper. If the camper s property is lost or stolen, Casa Italiana will make every effort to locate it. However, Casa Italiana accepts no responsibility for loss or damage to camper s property.

I give consent to have the camper taken to and from Casa Italiana and the camp site, Villa Rosa, and on any other camp sponsored field trips.

give permission to Casa Italiana to use the camper s picture or likeness in promotion of Casa Italiana s camps in printed or electronic media. I renounce any claims upon Casa Italiana for reimbursement for use of this material.

Please print

Parent/Guardian Name: _____ Camper s Name: _____

Signature of Parent/Guardian _____ Date: _____

Language Camp:

I understand that the activities and games planned by the Casa Italiana Language Camp, although not contact sports, may result in injury. I assume all risks of injuries arising from participation. I release, indemnify and hold harmless Casa Italiana and its directors, employees and staff from any claim, suit, demand or other action arising in connection with the camper's participation.

Personal medical insurance is required. If the camper requires medical attention every effort will be made to contact his/her parent, guardian or emergency contact. In the case of an emergency the camper will be provided emergency medical services prior to informing the parent or guardian. I assume responsibility for any costs incurred in treating the camper. I waive any liability or accountability to Casa Italiana for medical services provided.

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