

2011 CAMP REGISTRATION

(please complete both sides of this form)



at Pompano Beach

Camper Information

Last Name _____ First Name _____

Father's Name _____ Mother's Name _____

Address: _____

City _____ State/Zip _____ Tel. Home _____

Email _____ Fax _____ Cell _____

Sex Male Female Date of Birth _____ Age _____

Registration Dates

Please indicate the weeks you wish to attend:

DATES:

Week I: June 13th - June 17th

Week II: June 20th - June 25th

CAMPER

Two-Week Session: \$400

CIT

Two-Week Session: \$300

TIMES:

8:30 am to 1:30 pm

Tuition Fees and Payment

Payment may be made by Check payable to **HOLA MUNDO**

(A fee of \$29.00 will be charged for a check returned for any reason.) Check: # _____ Amount _____

(Must complete & sign other side of form)

Emergency Medical Information Form

Child's Insurance Information (Policy Covering the child)

Insurance Provider _____ Policy Number _____

Non Parent Contact Information

Emergency contact person: _____

Home Phone Number: _____

Work phone number: _____

Cell Number: _____

Medical Data

Camper's physician: _____

Physician phone number: _____

Existing Medical Conditions: _____

Allergies: _____

Medicines taken (if any) _____

Parental Comments and/or Concerns _____

Signature of Parent/Guardian _____ Date: _____

PARENTS/GUARDIAN AUTHORIZATION:

I hereby make application for enrollment of the camper/participant listed above in Hola Mundo Summer Camp subject to the conditions set forth in the program description. I give permission for photographs or video footage of my child to be used by the camp for promotional purposes. I give my permission for my child to participate in all Camp activities, both on and off Camp property, either by walking or riding in a vehicle.. I give permission for the camp and its designees to transport my child in a vehicle as required for full participation in program and/or for health and safety. I also give my child permission to participate in all Camp activities including but not limited to water sliding and inflatable equipments. I understand that there is a certain degree of risk and possible injury by reason of the camp/event and its activities. I agree to assume these risks and release and hold Hola Mundo LLC, their officers, directors and employees harmless from and waive any claims against Hola Mundo, LLC and its "Hola Mundo Summer Camp" as to any injury that may occur to our child while attending this Camp.

We, the parents of _____ consent to the Hola Mundo Camp administrators to act on our behalf should emergency situations arise and grant permission to authorize medical attention recommended by a physician or hospital. We accept full responsibility for expenses incurred in diagnosis and treatment of any accident or illness.

HOLA MUNDO CAMP

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