

**2012 CAMP  
REGISTRATION**  
(please complete both sides of this form)



at Pompano Beach

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**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 \_\_\_\_\_  
Shirt Size:  YS  YM  YL  SA  MA  LA

**Registration Dates**

Please indicate the weeks you wish to attend:

**DATES:**

- Week I: June 11th - 15th
- Week II: June 18th - 22nd
- Week III: June 25th - 29th
- Week IV: July 2nd - 6th (no camp on July 4th)  
July week: \$150

**TIMES:**

8:30 am to 1:30 pm

**Tuition Fees and Payment**

**CAMPER**

Camp fee: \$200 per week  
\$25 registration fee  
(Includes a T-shirt)

**Jr. CIT and CIT**

\$150 per week  
\$25 registration fee  
(Includes a T-shirt and CPR training)  
up to 10 hours of community service per week

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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