

Registration Form

STUDENT INFO

Name: _____ Male / Female _____ Age: _____

School: _____ Entering Grade: _____

Email: _____ Is English your first language? Yes / No

Cell number: _____ T-shirt size: XS S M L XL

Allergies and restrictions: _____

PARENT INFO

Mother's name: _____ Mobile: _____

Email: _____

Address: _____ Zip code: _____

Father's name: _____ Mobile: _____

Email: _____

Address: _____ Zip code: _____

How did you hear about us? _____

Other siblings? _____ Ages: _____

EMERGENCY CONTACT

In case of an emergency, who should we contact? Please provide at least two.

Name	Phone number	Relationship

Name: _____

Age: _____

SELECT SESSIONS

- Session One – W1 July 4 – July 8
- Session One – W2 July 11 – July 15
- Session Two – W1 July 18 – July 22
- Session Two – W2 July 25 – July 29

- Session Three— W1 August 1—August 5
- Session Three— W2 August 8—August 12

SUMMARY

Registration _____
 Tuition _____
 Before/After care _____
 Lunch _____
 Additional t-shirts _____
Total _____

Date:	CK CC Cash
Amount:	Balance:
Date:	CK CC Cash
Amount:	Balance:
Date:	CK CC Cash
Amount:	Balance:
Date:	CK CC Cash
Amount:	Balance:

Method of payment: Cash / Check / Card

Name on card: _____

Address: _____

Zip: _____

Card number: _____

Exp. Date: _____ Code: _____

I, _____, authorize my card to be charged for the amount of _____.

 Signature of card holder

 Date

OFFICE USE ONLY	
Accepted: Yes/No	Waiting List: Yes/No
Start Date: _____	
Coordinator's signature: _____	Date: _____

Name of student: _____

Age: _____

Allergies and Medications Form

Allergies

Is the student allergic to *amoxicillin*, *ampicillin*, *penicillin*, *tetracycline*, and any others medications?

Please specify:

Does the student have any **food allergies**? Yes / No

Please specify:

Is the student currently taking any **medications**? Yes / No

List medications:

Has the student had a **seizure** before? Yes / No

When was the last time the student had a seizure? _____

Does the student suffer from **epilepsy**? Yes / No

What should we do in the event of a seizure?

Name of student: _____

Age: _____

Photo Release Form

I _____ give permission to Little Achievers Summer Camp and its subsidiaries to use pictures taken of me while participating in the Summer Camp in future newsletters, articles, and publications. I understand these pictures may be used in promotional material which may include print and online publications.

Parent/Guardian Name

Parent/Guardian Name

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date

Name of student: _____

Age: _____

Medical and Risks Release Form

I _____ am a student in the Little Achievers Summer Camp (the "Camp") a subsidiary of Vivas Coaching (the "Company") at Boca Preparatory International School (the "School"). I have chosen voluntarily to participate in this "Camp" and I was not required to participate in this Camp as a condition of receiving my degree. This agreement confirms my understanding of the following:

1. Risks of Travel. I understand that participation in the "Camp" may involve risks not found in study at "The School". These include without limitation risks involved in traveling to, from, and within the Camp destination, as well as risks generated by the activities in which I engage while in the Camp. I recognize that these potential risks include, for example, illnesses, injuries and even death. I have made my own investigation of these risks, understand these risks and assume them knowingly and willingly. I will take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I understand that, although "The Camp" has organized / sponsored the Camp, it cannot eliminate all risks or guarantee my safety while I am participating in the Camp. I have made the independent judgment to participate in the Camp.

2. Health Insurance; Medical Care; Health and Safety Concerns. I carry valid and current medical insurance and have a valid insurance identity card on file. I have determined that this insurance is adequate to cover injuries or illnesses that I may sustain while participating in the Camp. I will be solely responsible for payment in full of all costs of medical care I may receive.

I further agree to hold harmless and indemnify "The School", "the Camp", and "the Company" for any and all actions taken by "The School" and "the Camp" to provide necessary emergency medical care to me during the Camp. I also understand and agree that if I experience serious health problems, suffer an injury, or am otherwise in a situation that raises significant health and safety concerns, then "The Camp" may contact my parents or any other person whose name I have provided as my "emergency contact." I understand that "The School" ordinarily will not initiate such contact without first having a discussion with me.

3. Standards of Conduct. I recognize that I assume an important personal obligation to conduct myself in a manner compatible with local laws and regulations; with "The School's" policies for student conduct and with any instructions given by the Camp leaders. I promise to act responsibly and will become informed of, and will abide by, all such laws, regulations, policies and standards. I will comply with "The Camp's" policies, standards and instructions for student behaviour. I agree that "The Camp" has the right to enforce all standards of conduct described above.

4. GENERAL RELEASE. Knowing the risks described above, I agree, on behalf of my family, heirs and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Camp. To the maximum extent permitted by law, I release, hold harmless and agree to indemnify "The Camp", and its officers, governing board members, faculty, staff, representatives, employees and agents, from and against any present or future claims, losses, liabilities, costs and expenses for injury to person or property, or for any other damage, which I may suffer, or for which I may be liable to any other person, related to my participation in the Camp (including periods in transit to or from my destination), resulting from any cause, including but not limited to negligence on my part or on the part of any of the released parties.

Name of student: _____

Age: _____

If student is under age 18, the parent and/or legal guardian must sign below:

I, the undersigned parent and/or legal guardian of the student listed above (the "Student"), do hereby consent to his or her participation in the Camp. I, as the parent of the Student and on behalf of the Student, release, hold harmless and agree to indemnify "The Camp" and "the School", and its officers, governing board members, faculty, staff, representatives, employees and agents, from and against any present or future claims, losses, liabilities, costs and expenses for injury to person or property, or for any other damage, which I or the Student may suffer, or for which the Student may be liable to any other person, related to the Student's participation in the Camp (including periods in transit to or from the Student's destination), resulting from any cause, including but not limited to negligence on the part of the Student or any of the released parties.

I certify that I have carefully read and freely signed this Assumption of Risk and General Release Form. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the Country where the camp is set, which shall be the forum for any lawsuits filed under or incident to this agreement or the Camp.

Please sign below to confirm acceptance of the terms and conditions of Vivas Coaching.

Parent/Guardian Name

Parent/Guardian Name

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date

Emergency phone number: _____

Emergency phone number: _____