

Language Links Student Information 2010

P.O. Box 398, Falmouth, MA 02541 phone: 508-495-LINK(5465)

<http://www.languagelinksinternational.com> <mailto:maria.demeo@languagelinksinternational.com>

PARENTS please submit the following for each camper:

- ✓ Summer Registration
- ✓ Student contact information
- ✓ Permission Form and Health Form
- ✓ **\$100.00 deposit per week enrolled.** Deposits are applied to overall tuition and are nonrefundable.
- ✓ Balance is due by June 1st.

Please read and fill in all sections.

*Campers will need: snack & water bottle, sneakers, bathing suit, towel, sunscreen, and bug spray daily.

*All participants should apply sunscreen before arriving to camp.

*Full day participants must also bring their lunch.

Campers Name: _____ DOB _____ Age when enrolled _____ Hm Phone: _____

Mother: _____ Mother's cell _____ email _____

Father: _____ Father's Cell: _____ email _____

Allergies (food & insects): _____

Any health issues/concerns? Explain: _____

Date of last Tetanus Booster: _____

Is your child taking any medication regularly at this time: ___ No ___ Yes _____

Please describe camper's swim experience: _____

Notes/advice to teacher of any special situation: _____

PERMISSION SLIP: Please circle **Yes** or **No** for each question below, sign and date.

Occasional field trips to the following locations may include:

FYI: In past years, other than swimming at Goodwill Park, excursions have taken place in the afternoons with full day campers.

*Goodwill Park Wed & Fri mornings. *Coonamessett Farm *Falmouth Beaches

*Beebe Woods *The Knob *Falmouth Playgrounds

*Dairy Queen or Friendly's for Ice Cream

1. I give permission for my child _____ to participate in all scheduled summer activities.
I.e. field trips, swimming, playground equipment and any other planned outside activities. **Yes No**

2. We have a family membership at Coonamessett Farm. **Yes No**

3. I give permission for my child to be photographed during the summer program. The majority of photos are used for the enjoyment of campers and parents. Occasional photos might be used for advertising purposes. Names and addresses of children would **never** be given or used in any promotional situation **Yes No**

My Child (name) _____ has my permission to go on any field trip that the Language Links Summer Program 2010 has planned for the 2010 season.

Parent/Guardian Signature

Date

Language Links Emergency Contact Information 2010

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Name: _____ Gender: ____ Birth Date: _____ Age: ____ Hm phone: _____

Street Address: _____ City: _____ State: _____ zip _____

Summer Address (if different): _____

Please indicate with a check those persons whom your child may be released in case of illness/injury or dismissal. Your child will not be released to any person other than those indicated with a check on the sheet below. In case of emergency/illness, we will call the following contacts in the order listed unless otherwise noted.

Parent/Guardian _____ EMAIL _____
Relationship _____ Cell # _____ wk # _____

Parent/Guardian _____ EMAIL _____
Relationship _____ Cell # _____ wk # _____

Emergency Contact _____ EMAIL _____
Relationship _____ Cell # _____ wk # _____

In the event of illness or accident to my child while attending Language Links (LL) Summer Program 2010 I hereby give permission for emergency medical care to be given to my child _____. I authorize the director or other personnel assigned to be with my child to administer and/or secure prompt medical treatment for my child. I also give permission to release any records necessary for insurance purposes and to provide or arrange selected transportation for my child to the nearest medical facility as necessary. In the event that I cannot be reached in an emergency, I hereby give permission for a physician/s to secure and administer treatment, including hospitalization for my child. This form may be photocopied for use out of camp. I understand that every effort will be made to contact me.

Insurance company: _____ Group policy #: _____

Insurance company: _____ Group policy #: _____

Pediatrician: _____ Phone: _____

Relationship to child: _____ Date _____

Signature of parent/guardian:

RELEASE FROM LIABILITY

I/we acknowledge and understand the risks involved in the Language Links Summer Program 2010 and grant permission for (camper's name) _____ to participate and assume those risks. I/we further agree for ourselves and on behalf of our child to hold harmless LL and all associated officers and staff for any injury arising out of my son's/daughter's participation in the LL Summer Program 2010.

Vigorous Activity: The LL Summer Program schedule will involve rigorous athletic activity and may include but is not limited to: Swimming, Running, Jumping, Field Games, Playground equipment. Due to the nature of these activities, we wish to inform you That as with any athletic or outdoor activity the possibility of serious injury does exist. In signing below I recognize and accep the risks involved.

Relationship to child: _____ Date _____

Signature of parent/guardian: