



GERMAN AMERICAN SCHOOL ASSOCIATION

OF SOUTHERN CALIFORNIA

A NON-PROFIT ORGANIZATION

Anaheim Hills - Costa Mesa - Encinitas - Glendale - Long Beach - Mission Viejo - Northridge - San Diego - Santa Monica - South Bay - Temple City - Thousand Oaks - Torrance - Ventura

Dear Parents,

Thank you for considering the German Immersion Camp at Irvine Ranch for your children's summer enrichment activities. We look forward to seeing you all, (perhaps again!) this June.

There are just a few points I would like to go over before you start filling out the forms. This will not take long.

Arrival time: 2:30-3:00 pm on Sunday, June 18th

Departure time: 10:00 am on Saturday, June 24th

Also, I know that we all lead busy lives and the enrollment process can sometimes seem arduous, but please take the time to fill out the forms completely. Specifically:

- Please sign and date each page where a signature is requested.
- Please fill out pages 2, 3 and 4 for each child.
- At the top of page 3, **please be sure to give us the Month and Year of your child's last tetanus shot.**
- At the bottom of page 3, please fill out medical insurance information completely.

The **Parent Consent form** on the last page is only required if someone other than yourself or your spouse will be driving your child to and/or from camp. If you or your spouse will be driving them both ways, *you do not need to fill out this form.*

Payment can be made with Mastercard, Visa or by check. If paying with a credit card, enrollment can be sent in via email or fax. The email address and fax number are at the bottom of this page and on the top portion of the enrollment and payment forms. When paying with a check, please send physical copies of the forms with payment to our Whittier office address.

Also, please be aware that the forms have fields, so they can be filled out on your computer. It works best if you have a recent version of Acrobat Reader to do so.

That's it!!! Thank you for taking the time to read this note. If you have any questions, please do not hesitate to call or email us. We look forward to seeing you and your children in June.

Sincerely,
Christine Reiff

Camp Coordinator / GASA Administration

Immunizations current? Yes No

Date of Last Tetanus Shot: (Mo & Yr) _____ *This must be current!*

Asthma? Yes No

Diabetis? Yes No

Heart Disease? Yes No Explain: _____

ALLERGIES and/or DIETARY RESTRICTIONS _____

4. SPECIAL ACTIVITIES

Please initial if your child will participate in **team sports**. _____ Yes _____ No

Please initial if your child will participate in **archery**. _____ Yes _____ No

Please initial if your child will participate in **zip lining** _____ Yes _____ No

All activities are supervised, but I understand and recognize the dangers inherent with **team sports**, archery and zip lining. I am assuming the hazard of this risk for my child. I realize that my child is subject to injury from these and any other activities, like hiking and sport, and that no form of preplanning can remove all the dangers to which my child is exposed. (Parent or legal guardian's signature is required below.)

ACTIVITY RESTRICTIONS/LIMITATIONS: *Please attach separate sheet to more fully explain any above conditions/concerns which could affect camper's health during camp.*

5. PARENTAL STATEMENTS AND PERMISSION

THE HEALTH HISTORY PROVIDED on this form is correct and the camper herein described has my permission to engage in all camp activities except as noted previously.

I WILL BE RESPONSIBLE for notifying GASA of any *new medical information regarding this camper* between now and start of camp.

I REALIZE that individuals at camp can injure themselves without fault on the part of GASA personnel. I release GASA from responsibility for injury to my child.

I UNDERSTAND that emergency care, even by ambulance, can take up to 15 minutes. The camper named above has no current condition that would warrant closer emergency medical care.

AUTHORIZATION FOR TREATMENT: I HEREBY GIVE PERMISSION to the medical personnel selected by the camp director, to provide medical treatment for the above named camper, as deemed necessary, i.e. the administration of age appropriate doses of Acetaminophen (Tylenol) or Ibuprofen (Motrin) for pain. This may also include transportation to a medical facility.

In the event of an emergency in which I cannot be reached, I hereby give my permission to the physician selected by camp director to secure & administer treatment, including hospitalization for the above named camper.

I GIVE PERMISSION on behalf of my child for the use of the following by GASA for promotional purposes: (a) pictures and video taken while at camp; (b) quotations from evaluations/letters relating to camp experience.

I UNDERSTAND that GASA assumes no responsibility for campers who leave camp grounds for any reason other than programmed activities.

I UNDERSTAND that smoking by campers or counselors is not permitted while at camp and will so inform my child.

I UNDERSTAND that health and accident insurance protection is my responsibility.

INSURANCE INFORMATION

(Please fill out completely)

Name of company: _____ Policy Holder's Name _____

Relation to Camper: _____

Policy / Group #: _____ Is pre-approval required? _____

Insurance Co. # (for pre-approval) _____

PARENT / GUARDIAN SIGNATURE _____ **Date** _____

Print Name

Assumption of the Risk and Waiver of Liability Relating to Coronavirus / COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact.

The German American School Association of Southern California (“GASA”) has put in place preventative measures to reduce the spread of COVID-19, following CDC guidelines; however, GASA cannot guarantee that your child will not become infected with COVID-19 attending any of our GASA Camps. It could increase your risk and your child’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending a GASA Camp and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at a GASA Camp may result from the actions, omissions, or negligence of myself and others, including, but not limited to, GASA employees. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at a GASA Camp.

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless, GASA, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of GASA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in a GASA Camp.

Signature of Parent/Guardian

Print Name of Parent/Guardian

Name of Student/s

Date

