



www.YPWKids.com
 Spanish@YoungPeoplesWorkshops.com
 www.SpanishImmersionPrek.com

SUMMER REGISTRATION

Register your child for our Summer Camp program by completing this registration form and returning it to us as soon as possible (enrollment is first-come first-served).

CHILD'S NAME	BIRTH DATE / /
CURRENT TEACHER NAME	

MOTHER	FATHER
NAME	
ADDRESS	
CITY/ZIP	
D.L. NUMBER	
HOME PHONE	
WORK PHONE	
CELL PHONE	
EMAIL ADDRESS	

PLEASE MARK BELOW EACH MONTH YOUR CHILD WILL ATTEND

Check Box (✓) if Attending	<input type="checkbox"/> June 1 – 30	<input type="checkbox"/> July 1- July 31	<input type="checkbox"/> Aug 1- Aug 31
<i>Same rates & flexibility as previous school year</i>			
Summer Material Fee	\$45		

I have read the registration information on the reverse and I understand all amounts paid are non-refundable.

Signed: _____ Date: ____/____/____



www.YPWkids.com
Spanish@YoungPeoplesWorkshops.com
www.SpanishImmersionPrek.com

Spanish Immersion School

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT AND RELEASE TO PARTICIPATE

I (parent's name) _____ binding my heirs, executors, administrator, estate and assigns, do hereby release and agree not to hold liable Young Peoples Workshops (YPW), their officers, agents and employees, from any and all actions, causes of actions, claims, demands, costs or damages as a result of property damage or personal injuries sustained by myself, my child/children, or my property arising from or resulting from any act of omission or otherwise, of Young Peoples Workshops, their officers, agents and employees while participating in an YPW workshop or activity.

I further release Young Peoples Workshops, their officers, agents and employees from all liabilities for personal injury resulting from my child's failure or the failure of other participants in the activity to obey safety regulations and directions of the activity leader in good faith, in response to emergencies and exigencies which occur during the activity; provided however that nothing contained herein shall excuse any employee of YPW or person assigned to be an activity leader by an employee of Young Peoples Workshops, from the responsibility to act with reasonable care for my child's safety during the course of the activity appropriate to the circumstances.

I hereby authorize Young Peoples Workshops to consent to emergency medical or dental treatment for my child while my child is a participant in a Young Peoples Workshops program. I understand that Young Peoples Workshops will make all reasonable efforts to contact me and provide me with notice in the event that my child requires emergency medical or dental treatment.

In the event that YPW cannot contact me and give me notice, I understand that I am hereby authorizing YPW to consent to such treatment on my behalf. I understand that YPW will seek necessary emergency treatment for my child only in the event my child is injured or harmed while engaged in a workshop or activity sponsored by Young Peoples Workshops.

Signature _____ **Date** _____

PHOTO USAGE

I hereby give consent to Young Peoples Workshops to use photographs of my child, in advertising publications, including but not limited to, print, video, and electronic media, produced by Young Peoples Workshops. I understand that the email address provided above will be used no more than three times per month to disseminate YPW photos, news or evaluations ONLY and will not be sold or provided to any other entity or institution for any reason. I understand I can be removed from the mailing list at any time by request.

Signature _____ **Date** _____