

ALBITANA

CENTRO CULTURAL Y DE OCIO

GRANJA ESCUELA

CIF B-80521875

Cno. de las Caudalosas, s/n.º - 28690 Brunete (Madrid)

Telf. 91815 87 83 - Fax 91 815 80 72

ALBITANA part

PRECIO DEL CAMPAMENTO: _____

RESERVA: _____ BANCO: _____ EFECTIVO: _____

RESTO
CAMPAMENTO: _____ BANCO: _____ EFECTIVO: _____

CAMP REGISTRATION FORM

Year 2021 Period: _____ Camp: Spanish _____ Bilingual Spanish – English _____ Day Camp _____

Child

First _____ Middle _____ Last _____ Gender: Male ___ Female ___
School Name _____ Grade _____ Birth date ____/____/____ Age (as of June 30, 2020) ____
Street Address _____ ID N° _____
Town/City _____ Country _____ Zip code _____ Child's Home Phone _____
Knows how to swim _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____ Country _____
Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ FAX _____ E-mail _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
Cell phone _____ FAX _____ E-mail _____
Child lives with: _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____
Primary Physician _____
Address _____ Phone _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical problem required treatment (child must come with the treatment in sufficient quantity for the duration of the camp)

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that ALBITANA Granja Escuela S.L. will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Other medical information _____

Parent's/Guardian's Initials _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **ALBITANA Summer Camps**. I understand the photos will only appear in the private photo gallery for parents (password protected) and by no means will be used for promotional purposes including flyers, brochures, newspaper and on the internet.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **ALBITANA Summer Camps** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

Albitana Granja Escuela is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel.

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

COVID-19

Information (infected, contact infected, vaccine...)
