



FOTO 2X2

CAMP MABÓ _____

SOUND OF MUSIC _____

Father's Last Name _____ Mother's Last Name _____

Camper's Name _____ Nickname _____

Home Address _____

Zip Code _____

Postal address (if different) _____

Cell. _____ Email _____

Birthdate _____ Age _____

Father's Name _____ Father's Profession _____ Cell. _____

Mother's Name _____ Mother's Profession _____ Cell. _____

If the person responsible for the enrollment is not the parent, indicate the name of the legal custodian, relationship, cell. and Email. _____

In case of emergency, please contact: _____

Cell. _____ Email _____

School camper attends _____

Grade starting in August _____ How did you learn about the camp? _____

Previous camps attended _____

Allergies or limitations? _____

Medications? Yes _____ No _____ Which? _____

Will attend summer course? _____

Name of sibling/s at camp _____

Will participate less than 4 weeks? _____ Starting date _____ Ending date _____

Does he/she want to be with a friend? _____

Observations _____

Camper will be Turquoise 3-4 yrs. _____ Red 5-7 yrs. _____ Yellow 8-10 yrs. _____ Blue 11-14 yrs. _____

Camper participates in "after camp" Yes _____ No _____ (I understand it has an additional cost.)

Campers 5 years and older must present evidence of COVID-19 vaccinations to participate in camp.

For office use ONLY	
PAID \$ _____	
FEE \$ _____	RECEIPT # _____ CAMPER # _____

COMMITMENT OF THE PARENT OR CUSTODIAN

I hereby authorize the enrollment of the child whose personal information appears on the reverse. I understand that the duration and cost of the camp is the one that has been published for the current year. The registration WILL NOT BE REFUNDED due to illness or if the camper, by his own will or that of the person responsible for this registration, or that of any person outside the direction of this camp, stops attending it before its completion. It has been explained to me and I have accepted that improper or unruly conduct of the child or parent/guardian will result in dismissal from camp, WITHOUT REFUND OF TUITION.

The camp will make every effort to offer the 19 days of services, even if there are cancellation days in between. If the camp is forced to interrupt its operations for reasons of closure by government order, for reasons aimed at protecting health or force majeure, the administration will reimburse its clients for the fee paid according to the following formula: will prorate the fee paid for the days not offered (“Unused Fee”). The camp will retain 25% of the “Unused Fee” to cover its administrative expenses. Administrative expenses are considered the payroll directed to the training of counselors, as well as other expenses related to the beginning of the camp and the preparation of the campus, among others. If necessary, due to the requirements of a government entity or as part of the camp protocol a COVID-19 test will be required, certified by a laboratory to be paid for by the parents. If necessary, and at the discretion of the administration, children will wear masks in the area deemed necessary.

I understand that the camp reserves the right to use photos and videos of the camper in social media, billboards, newspapers, television, etc. for advertising or editorial purposes.

I hereby give permission to the camp director, or his authorized representative, that in the event of an accident or emergency, while he is under the guardianship of the camp, he may submit my child, _____ to give the appropriate emergency services and if necessary, be transported to the nearest medical center. The camp director or his authorized representative is obliged to notify me as soon as possible, what happened, and the action taken.

I authorize the camp nurse to administer the prescription medications that parents or guardian supply. I also authorize the nurse to administer “over the counter” medicines to my child, if needed. If you do not wish to authorize, a written statement to the nurse is required. I consent that, as a health measure, my child’s hair will be inspected to prevent and outbreak of head lice.

I authorize my son/daughter to participate in those activities and field trips that are published on our website, official media and in the weekly program that the camp offers inside and outside its premises.

I understand that the camp management will take all security and protection measures to ensure the well-being of my child. The camp is exonerated by us from any accident that my child may have at the camp and will not be subject to a claim for any damages.

Signature of Father, Mother or Guardian

Date