



**2017 SUMMER REGISTRATION FORM**

**Classes are held at:** St. Paul's Lutheran School, Manchester & Ballas Rds. (across from West County Mall), St. Louis, MO 63131

**2017 CHILDREN'S SUMMER IMMERSION CAMP: AGES 5-12 YEARS (Camp to be held at St. Paul's Lutheran School.)**

July 10-14, 2017

\$175.00 Tuition + \$25.00 Administration Fee = \$200.00\*

Send a separate, completed registration form for **each** student.

For payment with credit / debit card, please register online at: [www.germanschoolstl.org](http://www.germanschoolstl.org).

For payment by check please mail the completed form(s) along with your check payable to:

**THE GERMAN SCHOOL ASSOCIATION**  
Diana Beutelmann, Registrar  
PO Box 31092  
St. Louis, MO 63131

\* **Refund Policy:** Students must inform the school of his/her withdrawal by mail or e-mail (registrar@germanschoolstl.org) before classes/camp begin. **The administration fee is non-refundable.**

**The school reserves the right to cancel any classes as it deems necessary.**

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email-1: \_\_\_\_\_ Email-2: \_\_\_\_\_

City, State, Country of Birth: \_\_\_\_\_

*Required by the German Government to qualify for school funding*

Main Phone #: ( ) \_\_\_\_\_ Alt Phone #-1: ( ) \_\_\_\_\_ Alt Phone #-2: ( ) \_\_\_\_\_

Name of Emergency contact (Parent/Guardian for children): \_\_\_\_\_

Emergency Telephone (where parent/guardian can be reached during class time): ( ) \_\_\_\_\_

How did you hear about the school? \_\_\_\_\_

**CHILD STUDENT INFORMATION**

If the student is a child, to provide the best possible instruction, the teachers need to be aware of any special situations and how best to accommodate your child in class. If you reply YES to any of the questions, please provide detail below.

- Does your child have any learning disabilities (ADD, ADHD, dyslexia, etc.)?  Yes  No
- Does your child have any allergies or medical conditions (food allergies, diabetes, etc.)?  Yes  No
- Does your child have any physical impairments that may require a teacher's special attention (vision, speech, hearing, etc.)?  Yes  No
- Is there anything else that would impact your child's ability to effectively participate in class, impact others in the class, or requires special / additional attention of the teacher?  Yes  No

The GSA seeks to provide a supportive and positive environment for students to study German language and culture. Our expectation is that instruction will be provided in a professional, collegial and friendly setting. Our students are expected to conduct themselves in a manner that is consistent with the GSA mission. The GSA will not tolerate conduct that is inappropriate or disruptive to the learning environment. Students who engage in inappropriate or disruptive conduct may be removed from the classroom. A student who engages in a pattern of inappropriate or disruptive conduct, or who engages in conduct that is an egregious violation of the GSA mission, may be removed from the program on a temporary or permanent basis.

**U.S. GOVERNMENT REQUIREMENT**

To comply with 501(c)3 rules, the school must provide student ethnicity information. This student is:

African-American  American Indian  Asian  Caucasian  Hispanic  Other \_\_\_\_\_

**Release and Indemnity Agreement** (please read, complete, and sign below)

As a part of the consideration for my/my child's participation in the German School Association of Greater St. Louis, I hereby release, hold harmless, and forever discharge the German School Association of Greater St. Louis and St. Paul Lutheran School, their officers, directors, instructors, employees, and agents, from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or my child or to any property belonging to me or my child while participating in such activity. I am aware of the risks and hazards associated with this activity, including travel to and from the activity, and I acknowledge that I am/my child is required to follow the school's code of conduct. I acknowledge that my/my child's participation in this activity is elected by me and not required. I voluntarily assume full responsibility for any risk of loss, damage, or personal injury, including death, and any property damage that may be sustained by me or my child as a result of such activity.

I hereby also give permission to the German School Association of Greater St. Louis to use my/my child's, photographic likeness, image, video, and any work produced by the enrolled student in any form of advertisement or informational material distributed by the German School Association of Greater St. Louis, without compensation.

**Consent for Medical Treatment**

By return of this form, I further agree to inform the German School Association of Greater St. Louis of any health or medical condition, or need that may affect my/my child's participation in this program. I agree to inform the German School Association of Greater St. Louis of any learning disabilities (ADD, ADHD, dyslexia, etc.) or medical information (food allergies, diabetes, etc.) that would impact my/my child's ability to effectively participate in class, impact others in the class, or require an instructor's special/additional attention, and acknowledge that I have been informed that my failure to do so may result in the dismissal of me/my child without tuition reimbursement.

In the event of illness or injury, I hereby also authorize the German School Association of Greater St. Louis, its officers, directors, instructors, employees, and agents, to obtain emergency or other medical treatment for me/my child as deemed necessary, including administration of an anesthetic or other medication and surgery, and I hereby assume the cost of such treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the German School Association of Greater St. Louis to give specific consent to the diagnosis, treatment, or hospital care which, in the best judgment of a licensed physician, is deemed advisable.

This release and hold harmless agreement is binding on me, my child, my heirs, my assigns, and personal representatives.

By signing on the line designated for signature of parent or guardian below, I acknowledge that I am the parent or guardian of \_\_\_\_\_, that I am 18 years old or more, and that, if my child is under age 18, I am signing this form to indicate that I am aware of its contents and the contents of the code of conduct.

Name of Participant: \_\_\_\_\_  
(Please Print)

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Please Print)

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

*The German School Association (Deutscher Schulverein) of Greater Saint Louis Missouri admits students of any race, color, national origin, and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin and ethnic origin in administration of its admission, educational, scholarship, loan and any other programs.*