

Luso-American Education Foundation

Cultural Youth Summer Camp

REGISTRATION FORM

PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: _____ First Name: _____

Gender: Female Male Age: _____ T-Shirt Size: Youth S M L XL
Adult S M L XL

Academic Grade currently Enrolled: _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Home Phone: _____ Cell: _____

(Include area code with telephone)

Parent email: _____

 Please list ADA Accommodations needed: _____

Mother's name: _____ Father's name: _____

Mother's day phone: _____ Father's day phone: _____

Mother's cell: _____ Father's cell: _____

Person's Authorized to pick up child: _____

Emergency contact*: _____ Relationship: _____ Phone: _____

Specify any of your child's health problems: _____

Is your child on any medication? No Yes If so, please specify: _____

Payments: Tuition may be paid by cash, check, or credit card
Make the check payable to: **Luso-American Education Foundation**

Camp Fee:

- Week of Camp: \$500.00 (LAEF Members Receive a 10% Discount on Camp Fees)
(Cost of camp only covers a portion of our camp's expenses. If you can, please give a donation to help the camper's experience)

I understand that \$50 deposit is due by March 30th and the remaining balance of \$450 is due by May 10th.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

REQUIRES PARENT'S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner, or medical personnel to examine, interview, test and, if necessary, treat my child _____ as they may deem advisable.

Parent/Legal guardian name _____ Date _____

Parent/Legal guardian Signature _____ Date _____

Student Allergies _____

Student Medical Problems _____

Doctor _____ Phone number _____

Insurance carrier _____ Policy number _____

Who is financially responsible for the student? _____

I hereby give permission to **Luso-American Education Foundation**, to photograph and/or videotape the student for educational or promotional purposes. _____ (Initial)

PARENT STATEMENT

I hereby state that (camper's name) _____ is in good mental and physical health condition to participate in the activities provided by **Luso-American Education Foundation**. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **Luso-American Education Foundation, its employee and its staff** from liability to the above named camper, of the person claiming through him/her, arising from injury to the person or property of the above named camper occurring in the premises of **Luso-American Education Foundation and California State University, Sacramento**, including any event sponsored or sanctioned by **Luso-American Education Foundation**, and or travel to and from such activities.

I understand that **Luso-American Education Foundation** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **Luso-American Education Foundation**, or its scheduled program and that **Luso-American Education Foundation**, has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature _____ Date _____

I give permission for my child to go on field trips. I release Luso-American Education Foundation and individuals from liability in case of accident during activities related to the Cultural Youth Summer Camp, as long as normal safety procedures have been taken. I grant permission and give my consent for my child to be photographed and the following photograph(s) be presented or distributed by Luso-American Education Foundation.

I give permission for my child to be transported by car, bart, or bus, and participate in the Van Pool and Field Trip.

I DO NOT give permission for my child to be transported by car/bart/bus and participate in the Field Trip.

Parent Signature _____ Date _____



Luso-American Education Foundation

Credit Card Authorization Form

Sign and complete this form to authorize Lusitano American Education Foundation to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please Complete the Information Below:

I, _____, authorize Lusitano American Education Foundation to charge my credit card
(Full name)

indicated below for \$ _____ on or after _____.
(amount) (date)

This payment is to be used to cover the camp fees of: _____.
(Campers Name)

Billing Address: _____ **Phone#:** _____

City, State, Zip: _____ **Email:** _____

Account Type: Visa MasterCard Discover

Cardholder Name: _____

Account Number: _____

Expiration Date: _____

CVV (3 digit number on back of Visa/MC/Discover): _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Lusitano American Financial in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Printed Name: _____

Signature: _____

Date: _____