



DEUTSCHE SCHULE CHARLOTTE

www.dsclt.com

Registration German DEBATE Camp 2024

Rising 3rd to rising 12th grade, July 29 to August 2, 9 AM to 1 PM

Cost: \$220

Student:

First Name	Middle Name	Last Name
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Date of Birth	Rising Grade	Gender
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Is your child currently enrolled at Deutsche Schule Charlotte?yes/no

Does your child speak German? yes/no

Which full time school does your child attend? _____

Important Information: Please list any allergies, special needs, or considerations.

Parent/Guardian:

Parent 1	First Name	Last Name	Cell Phone	Home/Work Phone
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Parent 2	First Name	Last Name	Cell Phone	Home/Work Phone
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Street & House Number	City	State / ZIP
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E-mail

Mailing address: Deutsche Schule Charlotte, ATTN: STEAM Summer Camp, P.O. Box 472671, Charlotte, NC 28226

Emergency Contact (other than parent/guardian):

Name (first and last)	Relationship	Phone
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Please indicate who is eligible for pick-up other than parent/guardian:

1. Name (first and last)	Relationship	Phone
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2. Name (first and last)	Relationship	Phone
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TERMS: A check in the full amount of \$220 is required in order to hold your child's spot in the Summer camp. The check will be cashed AFTER the registration deadline of 6/15/2024. Camp spots are available on a first-come, first-served basis. No sibling discount available. No refund after 6/1/2024. For questions please contact **Frau Juliane Hofmann** jhofmann@dsclt.com.

Payment by check only. Please make a check payable to:
"Deutsche Schule Charlotte", subject line: **Debate Camp 2024**.

Mail check and application form to:
Deutsche Schule Charlotte
ATTN: Summer Camp 2024
P.O. Box 472671
Charlotte, NC 28226



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WAIVER OF LIABILITY AGREEMENT

The Deutsche Schule Charlotte (the "German School") and Deutsche Schule Charlotte Summer camp provides various facilities for its students. The use of any facility, including for example the playground, involves certain risks such as physical injury. As part of the application to the German School, I acknowledge and agree that:

On behalf of my children, myself, and their and my personal representatives, heirs, and next of kin, I knowingly and voluntarily release the German School, its directors, officers and employees from any liability, except for willful misconduct or gross negligence, arising out of physical injuries or bodily harm which they or I may sustain as a result of, or in any manner related to attendance at the German School or the use of any facility, including without limit the playground.

I represent that I am legally entitled to act on behalf of my children as their legal representative:

Printed name of child _____

I acknowledge that I have carefully read, fully understood and voluntarily signed this Waiver of Liability Agreement.

Date

Signature Father/Mother/Guardian (circle one)

Printed Name Father/Mother/Guardian

*****Please fill out a new registration and waiver form for any additional child!*****