



## Registration Little Scientists Summer Camp 2024

2 years - 5 years, July 22 - July 26, 9 AM to 1 PM

**Cost: \$220**

### Student:

---

First Name	Middle Name	Last Name
------------	-------------	-----------

---

Date of Birth	Gender
---------------	--------

Is your child currently enrolled at Deutsche Schule Charlotte? **Yes / No**

Does your child understand **Yes / No** and speak basic German? **Yes / No**

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

---

### Parent/ Guardian:

---

<b>Parent 1</b>	First Name	Last Name	Cell Phone Home/Work Phone
-----------------	------------	-----------	----------------------------

---

<b>Parent 2</b>	First Name	Last Name	Cell Phone Home/Work Phone
-----------------	------------	-----------	----------------------------

---

Street & House Number	City	State / Zip
-----------------------	------	-------------

---

E-mail

**Emergency Contact (other than parent/guardian):**

---

Name (first and last)	Relationship	Phone
-----------------------	--------------	-------

**Please indicate who is eligible for pick-up other than parent/guardian:**

---

1.	Name (first and last)	Relationship	Phone
----	-----------------------	--------------	-------

---

2.	Name (first and last)	Relationship	Phone
----	-----------------------	--------------	-------

**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 6/1/2024. 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 Kristin Moreno [Kristin.de@dsclt.com](mailto:Kristin.de@dsclt.com)

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

**Mail check and application form to:**

Deutsche Schule Charlotte  
ATTN: Summer Camp 2024  
P.O. Box 472671  
Charlotte, NC 28226

**Camp Location:**

British International School of Charlotte  
7000 Endhaven Lane  
Charlotte, NC28277

**Mailing address:** Deutsche Schule Charlotte, ATTN: Summer Camp 2024, P.O. Box 472671, Charlotte, NC 28226



## 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:

Child 1 (Printed name) \_\_\_\_\_

Child 2 (Printed name) \_\_\_\_\_

Child 2 (Printed name) \_\_\_\_\_

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