

Centro Cultural Hispano de San Marcos

Registration Application ~ SUMMER 2017

211 Lee Street San Marcos, TX ~ 512-878-0640 ~ centro@sanmarcoscentro.org ~ www.sanmarcoscentro.org

CAMP OLÉ -Tuesday-Friday

1pm to 5pm Ages 6 - 12

- Session 1 - June 13 - 16
- Session 2 - June 20 - 23
- Session 3 - June 27 - 30
- Session 4 - July 5 - 7
- Session 5 - July 11 - 14
- Session 6 - July 18 - 21
- Session 7 - July 25 - 28
- Session 8 - August 1 - 4
- Session 9 - August 8 - 11

ARTSPACE CLASS, Tue - Fri

- Session 1- June 13 - 16
- Session 2 - June 20 - 23
- Session 3 - June 27 - 30
- Session 4 - July 5 - 7
- Session 5 - July 11 - 14
- Session 6 -July 18 - 21
- Session 7 - July 25 - 28
- Session 8 - August 1 - 4
- Session 9 - August 8 - 11

10am-11:30am

- 3-5 6-9 10-13
- 3-5 6-9 10-13
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4pm-5pm

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* **PlayShop** - Computer Coding Class

Ballet Folklorico (Class Pending)

PLEASE PRINT INFORMATION CAREFULLY.

Request Lunch, served at 12:30pm (Camp Olé campers)
Lunch Provided by San Marcos School

Program for Child Date of Birth _____ Age _____ Language Spoken at Home: _____

Child: First Name _____ Middle Initial _____ Last name _____ Male Female

Parent: Mother Father Guardian Name: _____

Home Address _____ Cell # _____

City/State/Zip _____ Home # _____

Email Address _____ Work # _____

(for Parent)

Participant/Parent Commitment:

Special Needs: _____

If your child is enrolled in our program, the family must commit for the full week to attend and to bring the child for each scheduled class. _____ (initial)

Permission for Media Release: (initial) _____ YES, I give permission or (initial) _____ NO, I do not give permission

For our names, pictures, videotapes, or other images to be released to newspaper, television, or to other media such as the Centro web page, newsletters, or pamphlets for participant, program or Centro recognition or promotion.

Emergency & Release Authorization Information:

I give authorization to obtain emergency medical care and to transport if necessary registered participant for emergency medical treatment. I agree to be responsible for the expense of medical treatment or service. I give permission to contact the following in case of medical emergency: _____ (initial)

Name	Relationship	Telephone Number	Authorized to Pick Up Child?
			Yes _____ No _____ (initial one)

Release of Liability:

The undersigned hereby releases Centro Cultural Hispano de San Marcos (Centro), its employees and agents, from any action, claim or demand for personal injury or property loss arising from or due to any negligent act or omission of Centro, its agents or employees. If transportation is provided by Centro staff or volunteer for the registered participant, this waiver and release shall extend to and release the driver from all liability. _____ (initial)

Signature _____ **Date** _____

Centro Office Use: Application Received by: _____ Date: _____

Class Fee: _____ Amount Paid: _____ Date Paid: _____