



*Alliance Française de Las Vegas*

**SUMMER CAMP 2022 - REGISTRATION FORM**

**PARENT INFORMATION**

Mother  Father  Guardian  First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Number: \_\_\_\_\_ Street: \_\_\_\_\_ Apt #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Postal code: \_\_\_\_\_  
 Parent #1 Home Tel: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Parent #2 Home Tel: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**CAMPER INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 D. O. B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)  
 Is there anything you would like to inform us about regarding your child's medical history (include allergies, pre-existing illnesses, behavioral and emotional concerns)? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Emergency contact name: \_\_\_\_\_ Relationship to family: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Physician's name: \_\_\_\_\_ Physician's phone number: \_\_\_\_\_

**Arrangements for pick-up / drop-off at the Alliance Summer Camp**

By parent(s): Yes  No   
 Names of other people allowed to pickup your child (if any): \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
*Please note that your child will only be released to the people listed above on presentation of a State-issued ID.*  
 Home phone: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Child travels by herself/himself (allowed to leave after signing out) Yes  No



## Alliance Française de Las Vegas

Camper's Background in French (if any)

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Please indicate your expectations or your concerns regarding this camp:

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### REGISTRATION

Ful Camp early bird discount (until May 25): \$1,100  
Full Camp (5 weeks): \$1,250 / \* AFLV member discount: \$1,185  
1 week (Monday to Friday, 8:30-12:30) : \$265 / \* AFLV member discount: \$250

What week(s) would you like to register your child(ren) in:

- Week 1 (May 30 – June 3)
- Week 2 (June 6 –10)
- Week 3 (June 13 – 17)
- Week 4 (June 20 – 24)
- Week 5 (June 27 – July 1)

AFLV Member Discount (Write your Membership number) # \_\_\_\_\_

### REFUNDS, CANCELLATIONS AND TRANSFERS

PLEASE NOTE THAT ALL CANCELLATIONS AND CHANGES ARE SUBJECT TO THE POLICIES BELOW, WITHOUT EXCEPTION.

- All cancellations must be made in writing (i.e. e-mail or letter) to the AFLV.
- Refunds can only be issued for sessions cancelled more than 1 week prior to the first day of camp. A \$50.00 cancellation fee will apply (per child and per session cancelled.) No refunds will be granted for withdrawals announced less than 1 week prior to the start of the session.
- Refunds for medical reasons can only be granted upon presentation of a medical certificate to the AFLV.
- Pro-rated refunds cannot be granted if a child cannot attend the camp some days due to sickness or any other personal circumstances. Requests for transfers will be accepted up to 1 week prior to the first day of a camp session, provided there is sufficient room in the preferred camp session.



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**RELEASE AND AUTHORIZATION**

- I understand that the participation in any children’s activity can result in possible injury or danger. I will not hold the Alliance Française de Las Vegas (AFLV) and their staff liable in case of harm or damage arising or sustained by my child during the period of the camp.
- Parents must drop off and pick up their children at the camp premises (3651 Lindell Rd., Suite B-1, Las Vegas, NV 89103). The AFLV is not responsible for children off the premises. In case of absenteeism, parents are asked to write to AFLV (info@aflasvegas.org). Children are not allowed to leave except with written permission.
- Parents are required to adhere to the dietary requirements of the facility: no nuts or nut butters, no soda, candy, gum allowed.
- We require that all young people attending AFLV Summer Camp demonstrate respect for each other and for their counselors. This includes respect for each other’s safety and respect for each other’s feelings. Politeness, attitude and behavior must conform to these expectations. The AFLV reserves the right to expel students whose attitude presents a nuisance or a danger to the spirit of the group.
- I hereby give permission for my child to participate in all activities.
- I understand that neither the AFLV nor their staff are responsible for damage or loss of personal belongings during the program.
- I understand that descriptions of program are subject to change before and/or during the camp season without prior notice. I have read all the above information and agree to abide by the condition outlined.

Name of child:

Name of parent / guardian:

Date:

Signature:

**Photo and multimedia release**

I do grant the AFLV permission to:

- Display photos and videos of my child taken during the camp activities within the premises of the school.
  - YES  NO
- Use photos and videos of my child taken during the camp activities in AF promotional materials and on social media such as brochures, flyers, website etc.
  - YES  NO



**PARENTS' REQUEST TO ADMINISTER MEDICATION AT CAMP**

Name of child: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_

***In order for my child to receive medication at camp, I agree to the following:***

- All prescription and non-prescription medication will have a physician's signed order (see form below).
- The non-prescription medication will be in the original sealed container with the label intact. Child's name will be put on the container in a position that does not obscure the label.
- The medication will be brought to the CAMP by an adult.
- The physician will be called if a question arises about the child's medication.
- I confirm that the first dose of this medication (except for Epi-Pens) has been given without problems.

Having read the above conditions, I request that an Alliance Française de Las Vegas teacher administer the medication as prescribed by the physician below. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at camp.

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

Relationship to child \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Other \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_



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**PARENT'S AUTHORIZATION IN CASE OF EMERGENCY**

**Name of child:** \_\_\_\_\_ **D.O.B:** \_\_\_/\_\_\_/\_\_\_

**I authorize the Alliance Française de Las Vegas to call 911 if my child injures herself/himself or if she/he falls sick.**

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



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**PHYSICIAN'S SIGNED ORDER FOR MEDICATION AT CAMP - ONE MEDICATION PER FORM**

**Diagnosis:** \_\_\_\_\_

**Name of Medication:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_

**Route:** \_\_\_\_\_

**Time of Administration at Camp:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If PRN, for what symptoms? \_\_\_\_\_ How often? \_\_\_\_\_**

**Please list any specific precautions personnel should be aware of or any unusual effects that might be observed.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Child has allergies to the following medications:** \_\_\_\_\_

**Services should begin (Date) \_\_\_\_\_ and terminate (Date) \_\_\_\_\_**

**FOR INHALER, EPI-PEN, AND INSULIN ONLY:**

\_\_\_ It has been determined that this child is able to self-administer and carry inhalant medication or Epi-pen and has been trained to its use, including knowing when the medication is to be used.

\_\_\_ It has been determined that this child is able to self-administer insulin.

\_\_\_ This child should not self-administer inhalant medication, insulin, or Epi-pen.

**Physician's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Original signature and stamp)**

**Physician's Name (Printed):** \_\_\_\_\_

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

**Telephone Number:** \_\_\_\_\_