



# Spanish Language Immersion Day Camps

www.hmspanishprograms.com

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**Ages:** Camp is for children entering 1<sup>st</sup> grade to 6<sup>th</sup> grade

**Hours:** Camp is from 9:00 AM until 3:00 PM

**Cost:** \$199 for 1 child

\$189 for 2 or more children

Send payment and registration to **HM Spanish Programs:**

**33 Cross Timber**

**Edwards, CO 81632**

### EXTENDED HOURS UNTIL 5 PM

To accommodate parents who work late we are offering an extended hours option until 5 PM.

At extended hours, campers will play on the playground and/or watch a movie in Spanish.

**Cost is \$10 per day.** This fee can be paid on a daily basis the week of the camp.

### Please check the appropriate camp session:

- Session 1:** July 22 – July 26 (Eagle Valley Elementary School, Eagle, CO)
- Session 2:** July 29 – Aug. 2 (Homestake Peak School, Eagle- Vail, CO)

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Notify in Case of Emergency: \_\_\_\_\_

Persons in Addition to Mother & Father to Whom the Child may be Released (Picture ID requested to Staff)

*Please inform director of custody issues. Please notify camp if someone not noted here will pick up your child.*

(1.) \_\_\_\_\_ (2.) \_\_\_\_\_

Medical & Social Information: Medications: \_\_\_\_\_ Allergies: \_\_\_\_\_

*Please discuss with administration of ANY medicine with camp director per State requirements.*

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

*In case of serious injury or injury when neither parent can be reached, will you allow your child to be transported to the doctor or hospital by an H&M employee in their personal vehicle. Yes: \_\_\_\_\_ No: \_\_\_\_\_*

**Agreement to Waive Legal Rights:** In consideration of being permitted to take part in the activity set forth herein, which includes, but is not limited to, hands on activities, games and sports, eating and exercise on the playground ("Activity"), I expressly agree as follows; I hereby acknowledge that the Activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all the risks of personal injury or death and property damage from any cause whatsoever arising while my child or I participate in such Activity or other activities during the Camp. I, or my child, am in good health and physically able to participate in said Activity. I agree to waive HM Language and Cultures, LLC, Sebastian Rodriguez Melgarejo, and the Eagle County School District and their officers, volunteers, employees, agents, servants and all representatives and sponsors from any personal injury or property damage that I or my child may sustain in connection with said Activity or other activities during the Camp. I also authorize my consent to any emergency x-ray examination, medical diagnosis or treatment and hospital care to be rendered to me or my child under the general or special supervision and on the advice of my physician licensed to practice in the State of Colorado. Participant may be photographed and such photographs may be used to publicize events.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We reserve the right to ask any student to leave to program if they are not there for the right reasons. We want this to be a special program for everyone involved and we only want students who are there to have a great time learning Spanish while respecting us and the other students involved.