

Dear Parent,

Please complete this enrollment/release form (one per child) and send it to the address provided below along with your payment on the first class.

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Address. \_\_\_\_\_

CAMP WEEK/S (circle what applies):                      Week 1: July 10th                      Week 2: July 17th

Starting Date \_\_\_\_\_ Email: [info@worldvoicessd.com](mailto:info@worldvoicessd.com)

Medical conditions? \_\_\_\_\_ Allergies \_\_\_\_\_

As a parent or authorized representative, I hereby authorize my child to attend **World Voices San Diego** summer program. I will not hold **WVSD** or any of their instructors liable of any accidents, physical or other injury from any and all claims, demands, costs, expenses, and compensation, as well as instructors and other participants and owners/lessors of **San Diego Unified School District** 4100 Normal St. San Diego, CA 92037, its officials, agents and employees as well as **La Jolla Elementary School**, 1111 Marine St. La Jolla, CA 92037 premises use to conduct these activities. I acknowledge all the risks on his/her behalf and likewise assume all responsibility for any injury or damage that might occur.

I have read the above waiver and release and understand that I give up substantial rights by signing it and I sign it voluntarily. I give my permission for my child to be videotaped during class. Is important for the child to see his progress after having a conversation on the target language.

By signing this document I accept the terms and conditions on **WVSD website page/terms and conditions**, and I acknowledge my child will be enrolled in this program.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Make check Payable to,

Martha Chousal

WVSD

8254 Caminito Modena

La Jolla, CA 92037