

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.

Students Names _____ DOB _____

Parent/Guardian Name _____

Home phone (____) _____ Work phone (____) _____

Address. _____

CAMP WEEK/S _____

Starting Date; (circle what applies) 07/09/2018 07/16/2018 07/23/2018

Email: info@worldvoicessd.com

Medical conditions _____ Allergies _____

As a parent or authorized representative, I hereby authorize my child to attend **World Voices SD** summer program. I will not hold **WVSD** or any of their instructors liable of any accidents, physical or other injury from all claims, demands, costs, expenses, and compensation, as well as instructors and other participants and owners/lessors of **San Diego Unified School District** 4860 Ruffner Street, San Diego, CA 92111 its officials, agents and employees as well as **La Jolla Elementary School**, 1111 Marine St. La Jolla, CA 92037. **Dewey Elementary School**, 3251 Rosecrans St, San Diego, CA 92110 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

4028 Ampudia Street,

San Diego, 92110