SPANISH TOWN USA LLC

2282 Rosecrans Ave.
Fullerton, CA

PARTICIPANT INFORMATION

First Name: _____ Last Name: _____

Birth Date: _____ Gender: ◯ Male ◯ Female

Address: _____

City: _____ State: _____ ZIP _____

Name of Parent/Guardian: _____

Email: _____ Cell Phone: _____

Alternate Contact Phone #: _____

Emergency Contact: _____ Phone: _____

Date you would like your child to start _____

How did you hear about us? _____

◯ I live/work in area ◯ I was referred by

◯ Social media ◯ Other _____

USE AND RELEASE OF VIDEO

By signing this form, I give Spanish Town USA consent to photograph / video for publicity purposes. I hereby give permission for videos/photographs of my child to be used in local newspapers, or television, in Spanish Town USA LLC publicity material, or similar published materials for the sole purpose of program promotion.

FOOD ALLERGIES

List any dietary restrictions _____

RELEASE OF LIABILITY: The child named above desires to participate in certain enrichment activities (including but not limited to our weekend clubhouse and summer camp) provided by Spanish Town USA, a California limited liability company. I understand and agree that Spanish Town USA LLC cannot guarantee the safety of all participants; I understand that with any group activity. there are risks of injury and and/or contracting serious of fatal illness due to infectious diseases such as Covid-19/Corona Virus. I promise not to hold the company, its officers, agents, or employees liable or pursue legal action against them. This waiver absolves the company of any duty for injuries sustained on the premises before, during, or after the activity. By signing this agreement, I agree to hold the company completely harmless, and not hold it financially or legally responsible for any injuries sustained, or medical treatment required, regardless of the cause or circumstances.

*Print Name:*_____ *Sign:*_____ *Date:*_____

Our Payment Policy

- Monthly payments are due by the 1st of the month or upon receipt. A $15 late fee will be applied to payments received after the month of service.
- **Cancellations:**
  - For private sessions, a credit will be issued if the session is cancelled no less than 48 hours in advance. For cancellations within 24 hours of the session (no less than 2 hours), a makeup session will be made available. Cancellations with less than 2-hour-notice are not subject to a credit or a guaranteed makeup session. Invoices are subject to a 30% fee for late cancellations.
  - For weekly, small group sessions, make-up sessions are available for any cancellations that take place at least two hours in advance of the session. Because our group sessions are priced per package, these sessions are not subject to reimbursement. We make exceptions in circumstances where a makeup class is not an option. Credits will be subject to a 30% fee for cancellations that occur less than 24 hours in advance.
  - Weekend clubhouse members will receive full credit for any sessions missed. Make-up sessions are an option to allow for consistency in learning. We may not be able to reserve your spot if cancellations are frequent.
  - Our monthly packages are based on a package of 4 sessions per month. During months with five Saturdays/Sundays, no credit will be issued for single classes missed. When a month has five Saturdays/Sundays, Spanish Town USA also reserves the right to hold 4 classes (instead of 5) with due notice and with no credit due to the customer.
  - Our camps are subject to a non-refundable registration or camp fee. Credit can be transferred to a different week of the camp if there is availability. Otherwise, it may be used for other services at Spanish Town by no later than December of 2025.

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SECTION FOR CAMP PARTICIPANTS

CAMP DRESS CODE

Children's shoes must stay on their feet; thongs, sandals, shoes with wheels, and open-toe-shoes are not allowed. (initials of parent/guardian _____)

CAMP SESSIONS

Indicate the days of the camp that your child will be attending. Camp hours are 9 am to 12:15 PM. Early drop-off at 8:45 AM is included in the cost of the camp. The cost is $160 for all three days of the camp or $60 per day if attending fewer than three days. **An invoice will be sent to you upon receipt of the completed form.**

◯ Monday 11/24 ◯ Tuesday, 11/25 ◯ Wednesday 11/26

HEALTH AND SAFETY POLICY

We need to be informed if your child has a known medical condition (asthma, diabetes, seizure disorder, allergies to cleaning supplies, etc.). You will be required to have your child's physician fill out an Individualized Care Plan, outlining what should be done if a problem should occur during program hours. Please make sure that any medication and appropriate information is available with written instructions for us to follow in the event of an emergency. Parents of the participant will be called immediately in the case of a major accident or incident. In serious cases, the child will be taken to the nearest local hospital by emergency vehicle for treatment; parents will be called as soon as possible. _ (initials of parent/guardian _____)