

**Oaxaca Foundation for Education and the Arts (OFEA)  
Summer 2025 Registration Form & Deposit**

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**Student Information**

**Full Name:** \_\_\_\_\_

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

**Date of Birth:** \_\_\_\_\_

**In Summer 2025, I will be a rising:** (Check one)

- ☐ Freshman
  - ☐ Sophomore
  - ☐ Junior
  - ☐ Senior
  - ☐ College 1st Year
  - ☐ Other (please specify): \_\_\_\_\_
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**Participation Preferences**

*Please rank your choices. Do not rank any option if you are not interested or available.*

- ☐ Week 1 only (\$2,500)
- ☐ Week 2 only (\$2,500)
- ☐ Weeks 1 & 2 only (\$4,500)
- ☐ Weeks 2 & 3 only (\$4,500)
- ☐ Weeks 1, 2 & 3 (\$6,000)
- ☐ Week 3 – Additional family members (Specify below)

**Total for you and any family members:** \$ \_\_\_\_\_

**Special Comments:** \_\_\_\_\_

**Payment Information:**

- Payments can be made via **Zelle** to: [debra@ofeanfp.org](mailto:debra@ofeanfp.org)
- **50% of total due upon registration. Remaining 50% due by June 1, 2025.**

## Skills & Interests

*Please indicate any skills or activities you can share with children in grades 4, 5, and 6.*

Skill/Activity	Description
Crafts	_____
Food Preparation	_____
Gardening	_____
Instrument(s)	_____
Singing	_____
Swimming	_____
Teaching (Subjects)	_____
Health & Wellness	_____
Other	_____

## Areas of Interest

*Please indicate areas you would like to learn more about:*

- ☐ Archaeology / Ruins
  - ☐ Real Estate Investing
  - ☐ Entrepreneurship
  - ☐ Spanish
  - ☐ Medicine (Visiting a hospital or rural clinic)
  - ☐ U.S. Law (Application & Types of Practices)
  - ☐ Music (Listening to traditional Oaxacan music)
  - ☐ Working with an Artist (Specify medium or art type): \_\_\_\_\_
  - ☐ Music (Listening to local bands)
  - ☐ Oaxacan Cooking
  - ☐ Other: \_\_\_\_\_
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## Terms & Conditions | Release of Liability

Oaxaca Foundation for Education and the Arts (OFEA) is a non-profit organization registered in Florida, operating facilities in **San Francisco Tutla, Santa Lucía del Camino, Oaxaca, Mexico.**

### 1. Priority Student Selection:

- Acceptance is **first-come, first-served.**
- Priority is given to **College-Ready students** and their siblings.

### 2. Assumption of Risk:

- I understand that participating in OFEA programs involves inherent risks, including possible injury or loss, which may arise from my child's actions, third parties, or other causes.
- I expressly assume these risks.

### 3. Liability Release:

- I agree to hold harmless **OFEA, its representatives, directors, counselors, and staff** from any liability arising from participation in OFEA programs.

### 4. Responsibility for Damages:

- If my child, or any invitees, cause damage, I agree to be financially responsible for any claims or expenses incurred by OFEA.

### 5. Use of Image:

- I authorize OFEA to film or photograph my child for promotional or educational purposes.
  - I understand that all digital images and videos belong to **OFEA.**
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## Emergency Contact & Medical Authorization

*Provide a minimum of two emergency contacts.*

### Contact #1:

- Name: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Phone Number(s): \_\_\_\_\_
- Email Address: \_\_\_\_\_

### Contact #2:

- Name: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Phone Number(s): \_\_\_\_\_
- Email Address: \_\_\_\_\_

In case of emergency, I authorize **OFEA staff** to secure necessary medical treatment. If I cannot be reached, I authorize the physician or hospital selected by OFEA to provide treatment, including hospitalization, injections, anesthesia, or surgery. I assume full financial responsibility for all medical care.

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## Acknowledgment & Signature

Does your child have any **physical, emotional, or learning difficulties**?

*If so, please specify:* \_\_\_\_\_

Does your child have **food or medicine allergies**?

*If so, please specify:* \_\_\_\_\_

I have read and understood all terms and conditions of this agreement and acknowledge my responsibility.

### Parent/Guardian #1

- **Full Name (Print):** \_\_\_\_\_
- **Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

### Parent/Guardian #2 (if applicable)

- **Full Name (Print):** \_\_\_\_\_
- **Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

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## Submission Instructions

Completed forms can be sent to:

✉ **Email:** [debra@ofeanfp.org](mailto:debra@ofeanfp.org)

✉ **Mail:**

Debra Wood

OFEA

16808 Sarah's Place, Apt. 201

Clermont, Florida 34714

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