



Date	
Subject	Summer Camps Parental Permission Form

Please, send us a signed consent from the parents or legal guardians  
 (You can fill in using Typewriter -click Tools > Typewriter-, write, save and send by email)

I am \_\_\_\_\_  
 the parent and/or legal guardian of \_\_\_\_\_  
 (first and last name of the student)

- My son/daughter has my permission to apply for and to participate in an international basketball and Spanish study experience organized by Zadorspain.

• MEDICAL RELEASE AUTHORIZATION:

I / We \_\_\_\_\_ the legal guardians of \_\_\_\_\_ hereby authorize ZADOR Spanish School, and its representatives, to seek medical attention on behalf of the student named above in the event of sickness, accident, or other emergency during the program. I/We also authorize any physician to release any information acquired in the course of examination or treatment. I/We certify that the above information is correct. This authorization shall be valid for the entire duration of the Summer Camp program. I am to be contacted prior to further diagnostic, surgical, or specialist care.

\_\_\_\_\_ Signature of parent/guardian

\_\_\_\_\_ Printed name of parent /guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date

## ZADORSPAIN SUMMER CAMPS

**Contact address:** Avenida de la Constitución, 14 – 1º – Tel.: 34 965 142 371

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