Razziatazz® in Hanover is a one-week Spanish language youth program, providing an introduction to the very basics of the language, intended to spark curiosity and build a solid foundation for children.
PROGRAM DETAILS

Eligible grade levels:
Entering 2\textsuperscript{nd}, 3\textsuperscript{rd}, 4\textsuperscript{th}

Program Dates:
July 20 - 24, 8 a.m. - 12 p.m.

Fee:
$200

Registration Deadline:
June 15 (Late registrations accepted, space permitting).

Cancellation/Refund Policy:
Cancellation prior to June 15\textsuperscript{th} will result in a full tuition refund. After June 16\textsuperscript{th}, tuition is non-refundable.

All classes are based on a minimum enrollment requirement. The Rassias Center reserves the right to cancel classes in which this requirement is not met, in which case the full amount of tuition will be refunded. In all other cases, the program fee is non-refundable. Class determination date is June 16.

Program Logistics:
Classes will be small, with 2 teachers per classroom, all instruction provided using the Rassias Method\textsuperscript{®}. There will be a snack break during the program. Students must bring their own snack and drink.
Razziatazz® 2015 Registration

Please complete the following registration form for each child.

Student Name

_________________________________________________________________

School ___________________________ Entering Grade _____ Male ____ Female ___

Does your child have any special needs we should be aware of, (i.e. allergies, physical restrictions)? ___________________________________________________________________

Parent(s)/Guardian(s) Information

Name(s)_________________________ ____________________________________________

Address_______________________________________________________________________

Tel (h)_________________________ fax (h)_________________________

Tel (w)_________________________ fax (w)_________________________

Tel (c)_________________________

Email (parent/guardian)___________________________________________________________

Parent(s)/Guardian(s) summer address and telephone (if different)

Name(s)_________________________ ____________________________________________

Address_______________________________________________________________________

Tel (h)_________________________ fax (h)_________________________

Tel (w)_________________________ fax (w)_________________________

Emergency address and telephone during the program and/or if parents are unavailable

Name ___________________________ ____________________________________________

Relationship to Child __________________________________________________________

Address _______________________________________________________________________

Telephone_______________________________________________________________________

Email address ___________________________ ____________________________________________

As a parent/legal guardian I accept that my child must abide by certain rules while attending the program. Any violation of the following rules or other behavior incompatible with the philosophy of the program could result in dismissal at parents’/guardians’ expense.

ACKNOWLEDGEMENT OF RISK AND AGREEMENT:  I consent to my child's participation in this program. I agree, on behalf of myself and my child, to assume all the risks in
connection with my child’s participation. I agree that my child will follow relevant Dartmouth directions, rules, and policies and will obey directions. I acknowledge that Dartmouth has the right to remove my child from participation in the Razziatazz® Program.

**HEALTH AND SAFETY:** I know of no health-related reasons or problems that preclude or restrict my child from participating in the program.

It should be understood that any medical services that students require will be provided at Dartmouth-Hitchcock Medical Center, and the expense of such services will be paid by the student and his/her parent(s)/guardian(s). A staff member will accompany the student to the hospital and make every effort to contact parents in order to inform them of the visit. (Hitchcock is a large regional hospital and serves as the teaching hospital for Dartmouth Medical School).

**MEDIA RELEASE:** Dartmouth may make and use images, film, video, and audio recordings of my child, and take and use quotes or statements from my child during the Activity without compensation. I release all claims against Dartmouth with respect to privacy, copyright ownership, and publication related to the use of the quotes, images, or recordings.

**RELEASE OF LIABILITY:** I agree TO RELEASE Dartmouth, its trustees, officers, employees, volunteers, members, and representatives from any and all liabilities and claims whatsoever arising out of, or in connection with, my child’s attendance and participation in the Program, even those that may have been caused by the ordinary negligence of Dartmouth.

**ACKNOWLEDGEMENT:** By reading and signing this legally binding document, I know I am voluntarily waiving the right to sue Dartmouth College if my child is injured while participating in this Program. In the event of my incapacity or death, this agreement binds my heirs, executors, administrators, and representatives.

Date __________________________

Name of Child: __________________________________________________________

Signature of Parent/Guardian: _____________________________________________

Printed name of Parent/Guardian: __________________________________________

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**Payment:**

- [ ] Check
- [ ] Money Order
- [ ] Purchase Order

Please indicate by checking a box and providing corresponding information if necessary.

$200 payable to "The Rassias Center"
Mail to 6071 Blunt, Ste. 315, Hanover, NH 03755

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**Charge $200 to:**

- [ ] Visa
- [ ] MasterCard
- [ ] American Express
- [ ] Discover
- [ ] Diners Club International

Account #: __________________________________
Expires: _____________________
Signature: _________________________