



American Association of Teachers of German, Inc.

112 Haddontowne Court #104, Cherry Hill, NJ 08034-3668

Telephone: 856-795-5553 ♦ Fax: 856-795-9398

E-Mail: headquarters@aatg.org ♦ Web: www.aatg.org



AATG German Summer-Study Program for High School Students

in cooperation with Sekretariat der Ständigen Konferenz
der Kultusminister der Länder in der Bundesrepublik Deutschland
Pädagogischer Austauschdienst

Personalbogen / Application Form (page one)

Vorname _____ **Familienname** _____

First name (and middle name or middle initial – see note**) _____

Family name _____

**** Please note: Your name must be listed exactly as it will appear in your passport. Due to TSA regulations, passengers with passports and plane tickets which do not match exactly may not be permitted to travel.**

Adresse _____

Street Address

Stadt _____ **Staat** _____ **Postleitzahl** _____

City

State

Zip Code

Telefonnummer (_____) **E-mail des Schülers** _____

Home phone

Student's email

Name der Eltern _____

Names of Parents

Telefonnummer der Eltern: Arbeit (_____) **Mobil** (_____)

Parents phone

at work

Cell

E-mail der Eltern _____ **Beruf der Eltern** _____

Parents email

Parents' occupations

Junge **Mädchen** **US-Staatsbürger/in** **Ja** **Nein** **Religion** _____

boy

girl

US Citizen

yes

no

Religion

Geburtsdatum: Tag _____ **Monat** _____ **Jahr** _____ **Geburtsort** _____

Date of birth Date

Month

Year

Place of birth

Allergien _____

Allergies

Speisevorschriften _____

Dietary restrictions

Namen und Alter der Geschwister Brüder _____ **Schwestern** _____

Names and ages of siblings:

brothers

sisters

Wieviele Jahre Deutschunterricht? _____

What year of German study are you in now?

Klasse _____

Current school year (list as a number, e.g. 10, 11, 12)

Hobbies und besondere Interessen _____

Hobbies and special interests

Andere Fremdsprachen und wie viele Jahre? _____

Other languages and how many years of study?

Personalbogen / Application Form (page two)

School Information

Name of Teacher of German

Name of High School

Street Address

City State Zip

Teacher's Email

When does your school end? Month: _____ Date: _____

Check preferred departure (dates/cities are tentative)

Departure from Chicago: Cost: \$3,595

June 6 to June 28 (Alzey or Wiesbaden)

June 12 to July 4 (Kaarst)

Departure from Newark: Cost: \$3,595

June 27 to July 19 (Beilngries or Braunschweig)

July 2 to July 24 (Passau)

I learned about this program from: _____

Agreement

I, the undersigned, applying for participation in the AATG German Summer Study Program, hereby agree that I:

1. will accept the supervision and guidance of the American and German teaching staff, the chaperone and host parents
2. will not hold the American Association of Teachers of German, or the Pedagogical Exchange Service (Pädagogischer Austauschdienst "PAD") liable for personal injuries which I may incur during the duration of the program at the places of my study and travel, and do hereby release said organizations from any liability for damages of any kind resulting from any such injuries
3. am covered by a medical insurance plan that will serve as primary insurance in the event of an accident or illness while my child is overseas

Student's Accident & Health Insurance Carrier Name

Policy Number

4. will be financially responsible for the deductible of \$500 per accident or illness (AATG's accident & health plan is excess insurance over my child's health plan)
5. will be financially responsible for all property damage which is a result of my own carelessness
6. will make full payment for the cost of the program as specified in the application form.

My signature below indicates that I have read the program description, this application and the release form and agree that refunds will be made subject to the following schedule: written notice received by March 1: cancellation fee of \$200; written notice received between March 2--April 15: cancellation fee of \$300; written notice received between April 16--May 15: cancellation fee of 25% of the program cost; after May 15, AATG reserves the sole right to determine cancellation fee. All cancellations must be submitted in writing.

A \$500.00 deposit is enclosed with this application. AATG will send invoices for the balance. Payment in full is due 45 days prior to departure.

Full payment of \$_____ is enclosed with this application.

Signature of Student

Signature of Parent/Guardian

Date

To apply, send to the AATG by April 1: (A) Application Form with deposit; (B) Release Form; (C) Three small clear photographs (passport or school photo); (D) Health Form / Physician's Report; (E) Teacher's Confidential Recommendation.

The final two documents may be sent directly by the doctor and teacher, but your application is not complete until they arrive.

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AATG German Summer-Study Program for High School Students

Release Form

This release is to be read and signed by both parent and student.

I, the undersigned, an applicant for the **German Travel-Study Program for High School Students**, sponsored jointly by the **American Association of Teachers of German (AATG)** and the **Pädagogischer Austauschdienst (PAD)**, (hereinafter referred to as AATG/PAD), in consideration of my acceptance for participation in such program, do waive and release all claims, demands or causes of action against AATG/PAD and its agents, any tour organizer or arranger employed or utilized by AATG/PAD, host schools, host families, and other facilities in Germany, and my local school, for any injury, loss, damage, accident, delay, or expense resulting from the use of any vehicle, any strikes, war, weather, sickness, quarantine, government restrictions or regulations or arising from any act or omission of any airline, railroad, bus company, taxi service, hotel, restaurant, school or other firm facility, agency, company or individual. I also release AATG/PAD and its agents, and agree to indemnify them, with regard to any financial obligations or liabilities that I may personally incur or any damage or injury to the person or property of others that I may cause, while participating in the AATG/PAD program.

I hereby grant AATG/PAD and its agents full authority to take whatever actions they may consider warranted under the circumstances regarding my health and safety, and I fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. I authorize AATG/PAD and its agents, at their discretion, to place me, at my own expense, and without my further consent, in a hospital within or outside the United States for medical services and treatment, or if no hospital is readily available, to place me in the hands of a local medical doctor for treatment. If deemed necessary or desirable by AATG/PAD or its agents, I authorize them to transport me back to the United States by commercial airline.

I understand that this is a supervised program and that group standards must be observed. I will at all times remain under the supervision of AATG/PAD and its agents and will comply with AATG/PAD rules, standards and instructions for student behavior. I hereby waive and release all claims against AATG/PAD and its agents arising out of my failure to remain under such supervision or to comply with such rules, standards and instructions; and I agree to indemnify AATG/PAD and its agents against any consequences of my failure to remain under such supervision or to comply with such rules, standards and instructions. I agree that AATG/PAD shall have the right to enforce appropriate standards of conduct and that it may at any time terminate my participation in the AATG/PAD program for failure to maintain these standards or for any actions or conduct which AATG/PAD considers to be incompatible with the interest, harmony, comfort and welfare of other students. If my participation is terminated, I consent to being sent home at my own (or my parents') expense with **no** refund of tuition fees.

On group tours or other activities arranged by AATG/PAD, I will accept the will of the majority whenever a matter of choice is presented to the group. I will also accept in good faith the instructions and suggestions of AATG/PAD or its agents in all matters relating to AATG/PAD program or the personal conduct of program participants. I understand that from time to time AATG/PAD publicity material may include statements by its students and or their photographs, and I consent to such use of my comments and photographic likeness.

I understand that AATG/PAD reserves the right to make the school assignments. I also understand that AATG/PAD's program charges are based on applicable tariffs and government regulations and are subject to changes depending on tariffs and regulations in effect at the time of departure. All references in the RELEASE to "AATG/PAD" and "its agents" shall include AATG/PAD and all of its officers, directors, staff members, chaperones, teachers, employees, advisors and agents. All references herein to the "parents" shall include the legal guardian or other adult responsible for the applicant.

Signature of Applicant

Date

I hereby certify that I am the parent or legal guardian of the above applicant, and that I have read the foregoing RELEASE. I hereby join in each and every part of the RELEASE (including such parts as may subject me to personal financial responsibility), and hereby relinquish any claim that I may have against AATG/PAD or its agents (as set forth above), both in my own behalf and in my capacity as legal representative of the applicant, including without limitation any claim arising as a result of the applicant's leaving the supervision of the AATG/PAD or at a time when the applicant has left the supervision of AATG/PAD.

Signature of Parent or Guardian

Date

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TEACHER'S CONFIDENTIAL RECOMMENDATION

I recommend that my German student _____ be accepted to participate in the AATG German Summer Study Program for high school students. The applicant will have had ____ years of German by the end of this current school year. His/her skills are as follows (check appropriate box for level of achievement):

Skill	Novice	Intermediate	Advanced
Comprehensibility: How well is the student understood?			
Comprehension: How well does the student understand?			
Language System: How accurate is the student's language?			
Vocabulary: How extensive and appropriate is the student's vocabulary?			
Cultural Awareness: How is the student's cultural knowledge reflected in communication?			
Communication Strategies: How does the student maintain communication?			

Please state what you know of the student's language skills in each of the areas listed above, as well as the **student's character, emotional maturity, mental stability** and any other information you may feel is of importance (use back of form, if needed).

Date _____ Signature _____

Your Name (German Teacher) _____

Name of High School _____

Street Address _____

City _____ State _____ Zip _____

School Phone (_____) _____ Home Phone (_____) _____

School Fax (_____) _____ E-mail: _____

Please return this form to:
German Summer Study Program, AATG, 112 Haddontowne Court #104, Cherry Hill, NJ 08034
Phone: 856-795-5553 Fax: 856-795-9398 E-mail: headquarters@aatg.org

Please note: Your student's application is not complete without this form.

Health Form / Physician's Report AATG German Summer Study Program

Student's Name _____

Address _____

Telephone with area code _____

In my judgment, this student's physical, emotional, and mental health is good and will not impair his/her full participation in the German Summer Study Program. He/she does not have any infectious diseases.

Remarks: (if necessary) _____

He/she is taking the following medication: _____

for _____ condition.

Allergies: (Check one): None

He/she does have allergies (describe)

He/she was last immunized against tetanus on (date) _____

Physicians Signature _____ Date: _____

Name _____

Address _____

City / State / Zip _____

Return to student or parent to submit with application, or mail to:

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