

2020 REGISTRATION FORM

A parent or legal guardian must fill out all four sides of this form completely

Last Name:		First Nam	e:	[Middle Name:
Address:			City:		
State:		Zip:	Hon	ne Phone: (_)
AGE:	[Date of Birth:		_ Returning Cam	per? Yes No
Billing Name:		Bill	ing Email Address		
Billing Mailing Address: (if different from above)					
How did you hear about Camp	Fashion D	esign? Magazine Which one?	Camp Fair Which one?	Friend Who?	Website Which one?
	on. Fees	will not be prorated for pa (if applicable) and a nutritic	ome first served bas rtially attended sess	is. Please check the ions and sessions n	appropriate session(s). All fees nay not be split. Fees include
Camp Fashion DesignAges 11-17\$999		Session 1			
		ONE DAY A	DD ON PROGF	RAM	
Photo Shoot Camp NY0Ages 11-17\$499		☐ Friday July 17th			
	0	FFICE USE ONLY: P	LEASE DO NOT V	VRITE IN THIS BO	x
Session(s):			ogram: NYC		•
Session fees:	\$	Tot	al due: \$		Early Bird : Y N
Coupon:	-\$	De	posit Paid: \$	Ck#:	Date received:
Multiple week discount	-\$	Ва	ance due: \$	Ck#:	Date received:



2020 REGISTRATION AGREEMENT

The following non-refundable deposits must be mailed in with this registration form. Please ensure that you include a deposit for each program for which you register.

Deposits Required For Summer Programs:	Camp Fashion Design NYC	\$350
	Photo Shoot Camp NYC	\$200

(SUMMER CAMP REGISTRATIONS MAILED IN <u>AFTER</u> JUNE 15, 2020 MUST BE PAID IN FULL)

DEPOSITS AND FEES

I enclose a non-refundable deposit of \$______ along with this registration form (unless already paid online). I understand that the balance in full is due by June 15, 2020. If I am registering after June 15th, I enclose the full session fee. If the remaining balance is not received by the due date, I understand that my space may be allocated to a wait list camper and I will receive no refund. All fees are NON-REFUNDABLE. Fees will not be prorated for partially attended sessions and sessions cannot be split. I understand that no refund will be given for withdrawal, suspension, illness, dismissal or absence from the camp. I understand that there will be a \$40.00 returned check fee for all uncollected checks and any legal fees incurred by Model Source, Inc. to collect unpaid balances will be the responsibility of the person signing the registration form.

SESSION CHANGES

Any changes to session dates must be requested in writing by June 15, 2020. After June 15, 2020, any session change will incur a \$75.00 transfer fee. Session changes are made subject to availability. No refund will be given if we cannot accommodate your change. Camp Fashion Design makes every effort to keep to the schedules detailed on our website and in our brochure. We do, however, reserve the right to alter, change and/or omit any of the planned activities, guest speakers or instructors without advance notice. The Model Source, Inc. (dba 'Camp Fashion Design') further reserves the right to cancel or relocate a session for any reason. In the event of cancellation or relocation of a session, the maximum refund that can be obtained will be only the total session fees paid to The Model Source, Inc. I understand that no additional compensation or damages will be paid by The Model Source, Inc./ (dba 'Camp Fashion Design') in the event of cancellation or relocation of a session.

PHOTOGRAPHS & PROMOTIONAL RELEASE

I understand that photographs are not included in the session fee (*unless otherwise specified*) but may be purchased separately after camp is over. Pictures are available by preorder only. Information on how to preorder pictures will be given to you on the first day of camp. All photographs taken at Camp Fashion Design remain the property of, and under copyright to The Model Source, Incorporated. I give permission to The Model Source, Incorporated to use any photo or video image of my daughter for the purpose of marketing and advertising.

PERSONAL BELONGINGS

All campers are responsible for their own personal belongings at camp. I understand that all items brought to camp must be clearly marked. I understand that The Model Source, Inc. & Camp Fashion Design assume no responsibility for any personal belongings brought to camp.

I have read, understand and agree to the terms set forth in this registration agreement, and to the Details and Information pages on the Camp Fashion Design website. This Registration Agreement is considered a binding contract and is governed under the laws of the Commonwealth of Virginia.

PLEASE REMEMBER TO INCLUDE YOUR PAYMENT (if not already made). MAKE CHECKS PAYABLE TO: THE MODEL SOURCE, INC. AND MAIL TO:

The Model Source, Inc., P.O. Box 1778, Stafford, VA. 22555

Name of Camper:	
Signature of Parent:	
Printed Name of Parent:	Date:



Which of the following has your child had?

	Diseases	Allergies		Conditions	
	Chicken Pox	Hay Fever		Ear Infections	
	Measles	Poison Ivy		Rheumatic Fever	
	German Measles	Insect Stings		Convulsions	
	Mumps	Penicillin		Diabetes	
	Asthma	Other Drugs		A.D.D.	
	Hepatitis				
peratio	ns or serious injuries?				
hronic c	or recurring illness?				
sycholo	gical/Behavioral Problems?				
las your	camper had a Tetanus Booster?	If	yes, whe	en?	

RECOMMENDATIONS AND SPECIAL INSTRUCTIONS WHILE ATTENDING OUR PROGRAM:

Are there any activities in the brochure that your child is not able to participate in fully?

Is there any other additional information about your camper that you would like to share to enable us to make your child's Camp Fashion Design experience the best we can?

PARENT'S MEDICAL AUTHORIZATION AND EMERGENCY RELEASE:

The emergency information and health history I have provided in this form are correct. I, as the parent/guardian, hereby authorize The Model Source, Inc., d.b.a. 'Camp Fashion Design', personnel to seek emergency treatment, to administer emergency CPR/first aid treatment it deems appropriate, and to arrange to have my child transported to the appropriate medical facility in the event that emergency care is necessary. I authorize any EMG personnel, doctors, nurses, hospitals or other medical facility, and their staff, to provide any treatment and perform any procedure which any of them deem advisable for the treatment and well being of my child. I further consent to the administration of anesthesia as deemed advisable by any licensed physician.

I further authorize minor injuries to be treated at camp and I request that I be notified of any such treatment. I understand that Camp Fashion Design will not administer medicine of any kind (prescription and nonprescription) to my child. If medicine needs to be taken, arrangements should be made for a parent or authorized person to administer it. Children are not permitted to self-administer medicine and no medicine of any kind should be brought to camp. (The following emergency medicines will be considered an exception to this rule: Epipens, Asthma inhalers and insulin.)

In consideration of my child being permitted to participate in 'Camp Fashion Design' and it's related events and activities, the undersigned acknowledge and agrees that as the natural parent and/or as the legally authorized guardian, do hereby for myself, my spouse, my child and on behalf of my/our heirs, personal representatives and assigns, agree not to sue and hereby release, waive, discharge, hold harmless and indemnify any and all claims or causes of action against The Model Source Inc. (dba 'Camp Fashion Design'), it's owners, employees, officers, trustees, agents and guest speakers for all liability, losses, claims, actions suits, procedures, demands rights and causes of action of whatever nature, in law and equity, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illnesses, damage to property, or other losses, and any consequences thereof, including expenses, costs, and attorney's fees, as may be sustained by my child or me arising out of or in any way associated with my child's participation in 'Camp Fashion Design' or travel incident thereto, whether or not to the fullest extent permitted by law.

I certify that I have read and understand the terms laid forward in this Medical Authorization and that I understand that it is governed under the laws of the Commonwealth of Virginia.

Name of child:

Signed by Parent/Legal Guardian: _____

Printed name of Parent/Legal Guardian: _____

Date:_____



EMERGENCY INFORMATION

Home Address:		
	Home Phone #:	
Mother's name:	Place employed:	Bus#:
Father's name:	Place employed:	Bus#:
Mother's Cell #:	Father's Cell #:	
PLEASE GIVE US TWO NAMES TO CONTAC	I IN THE EVENT THAT THE PARENTS CANNOT B	BE REACHED:
Name 1:	Name 2:	
Address:		
Home #:	Home:	
Bus #:	Bus #:	
Cell #:	Cell #:	
Authorized to pick up camper?	Authorized to pick u	up camper?:
	AUTHORIZATION TO PICK UP (
Please note that parents and authorized persons on this list – This rule is for your child's safety and are accompanied by Camp Fashion Design staff parent so we would greatly appreciate your coope CAMPER SELF SIGN IN/OU My child,	will be required to show an ID. No child will be allowed will be strictly enforced. Since our camp runs in a hot at ALL times. Due to the volume of children attending of eration with our check out system. If you arrive with you arrive with our check out system. If you arrive with you arrive with you arrive with you arrive with our check out system. If you arrive with you arrive with you arrive with you arrive with you arrive with our check out system. If you arrive with you arrive with you arrive with you arrive with you arrive with our check out system. If you arrive with you arrive with our check out system. If you arrive with you arrive with our check out system. If you arrive with you arrive with our check out system. If you arrive with you arrive with our check out system. If you arrive with you arrive with our check out system. If you arrive with you arrive with our check out system. If you arrive with you arrive with you arrive with you	d to leave with someone whose name does not appear tel, safety and security are our top priorities. Children our programs, we are not able to remember every ur photo ID ready, sign out is quick and systematic. , has permission to sign ource, dba 'Camp Fashion Design' either before she signs herself IN Date:
Please note that parents and authorized persons on this list – This rule is for your child's safety and are accompanied by Camp Fashion Design staff parent so we would greatly appreciate your coope CAMPER SELF SIGN IN/OU My child,	will be required to show an ID. No child will be allowed will be strictly enforced. Since our camp runs in a hot at ALL times. Due to the volume of children attending of eration with our check out system. If you arrive with you f day. I understand that The Model So the safety and welfare of my child e gns herself OUT of camp each day.	d to leave with someone whose name does not appear tel, safety and security are our top priorities. Children our programs, we are not able to remember every ur photo ID ready, sign out is quick and systematic. , has permission to sign ource, dba 'Camp Fashion Design' either before she signs herself IN
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