



2020 REGISTRATION FORM

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

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: (_____) _____

AGE: _____

Date of Birth: _____ Returning Camper? Yes No

Billing Name: _____ Billing Email Address: _____

Billing Mailing Address: _____
(if different from above)

• How did you hear about Camp Fashion Design? Magazine Which one? _____ Camp Fair Which one? _____ Friend Who? _____ Website Which one? _____

SESSION ENROLLMENT OPTIONS

All programs have limited availability and are available on a first come first served basis. Please check the appropriate session(s). All fees are for one complete session. Fees will not be prorated for partially attended sessions and sessions may not be split. Fees include all regular daytime activities, field trips (if applicable) and a nutritious lunch each day.

SUMMER CAMP PROGRAM

Camp Fashion Design NYC
Ages 11-17 **\$999**

Session 1
☐ July 13th-16th

ONE DAY ADD ON PROGRAM

Photo Shoot Camp NYC
Ages 11-17 **\$499**

☐ Friday July 17th

OFFICE USE ONLY: PLEASE DO NOT WRITE IN THIS BOX

Session(s): _____

Program: NYC PSC

Session fees: \$ _____

Total due: \$ _____

Early Bird: Y N

Coupon: -\$ _____

Deposit Paid: \$ _____ Ck#: _____ Date received: _____

Multiple week discount: -\$ _____

Balance due: \$ _____ Ck#: _____ Date received: _____

Printed Name of Parent: _____ Date: _____



HEALTH HISTORY

Which of the following has your child had?

Diseases

Chicken Pox _____

Measles _____

German Measles _____

Mumps _____

Asthma _____

Hepatitis _____

Allergies

Hay Fever _____

Poison Ivy _____

Insect Stings _____

Penicillin _____

Other Drugs _____

Conditions

Ear Infections _____

Rheumatic Fever _____

Convulsions _____

Diabetes _____

A.D.D. _____

Operations or serious injuries? _____

Chronic or recurring illness? _____

Psychological/Behavioral Problems? _____

Has your camper had a Tetanus Booster? _____ If yes, when? _____

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: _____

Date: _____

Printed name of Parent/Legal Guardian: _____



EMERGENCY INFORMATION

Name of child: _____

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 CONTACT IN THE EVENT THAT THE PARENTS CANNOT BE REACHED:

Name 1: _____	Name 2: _____
Address: _____	Address: _____
_____	_____
Home #: _____	Home: _____
Bus #: _____	Bus #: _____
Cell #: _____	Cell #: _____
Authorized to pick up camper? _____	Authorized to pick up camper?: _____

AUTHORIZATION TO PICK UP CHILD

Persons authorized to pick up child: _____

Please note that parents and authorized persons will be required to show an ID. No child will be allowed to leave with someone whose name does not appear on this list – This rule is for your child's safety and will be strictly enforced. Since our camp runs in a hotel, safety and security are our top priorities. Children are accompanied by Camp Fashion Design staff at ALL times. Due to the volume of children attending our programs, we are not able to remember every parent so we would greatly appreciate your cooperation with our check out system. If you arrive with your photo ID ready, sign out is quick and systematic.

CAMPER SELF SIGN IN/OUT

My child, _____, has permission to sign herself in and out of camp each day. I understand that The Model Source, dba 'Camp Fashion Design' can assume no responsibility for the safety and welfare of my child either before she signs herself IN to camp each day or after she signs herself OUT of camp each day.

Signed by Parent/Legal Guardian: _____ Date: _____

Printed name of Parent/Legal Guardian: _____

INSURANCE/HEALTH INFORMATION: Please include a photocopy of your child's health insurance card.
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Child's physician/pediatrician: _____ Phone: () _____

Name of health insurance: _____

Plan name: _____

Group# _____

Name of insured: _____

Relationship to Participant: _____

Social Security # of policy holder/Insurance ID #: _____

Does your child have any allergies (food/cosmetic,etc) ? If Yes please list : _____

Are there any foods which your child may not consume? If Yes please list: _____