



REGISTRATION FORM FOR SUMMER CAMP 2011

Please complete both pages of this registration form, sign it and return it with your **non-refundable** deposit of **\$200** per child. The deposit will count toward the payment for the last week of the camp. Deposit **will not be refundable** if student will not attend one of the weeks that he was signed up for.

Camper name _____ **sex** ___ **Birth date** ___/___/_____

Address _____ **City** _____ **Zip** _____

Grade entering as of Sept 2011 _____ **e-mail address** _____

Mother's name _____ **Work phone** (____) _____

Cell phone (____) _____

Father's name _____ **Work phone** (____) _____

Alternative authorized person for pick up _____

Emergency contact 1 _____ **phone** (____) _____

Relationship _____

Emergency contact 2 _____ **phone** (____) _____

Relationship _____

Does your child have any allergies? **Yes** **No**

If "yes" please list: _____

Does your child have any other medical conditions of which we should be aware?

Yes **No**

If "yes" please explain: _____

Child's primary physician name: _____

Doctor's phone number: _____

Are child's immunizations up to date? **Yes** **No**

Youth Talent School requires updated immunization record for every child on the first day of camp. Any child will not be able to attend the camp without immunization record.

Type of the medical insurance: _____

Insurance card number: _____

PARENT OR GUARDIAN AGREEMENT: I approve this application, and certify that the proposed camper is capable of such an experience.

Permission is granted for applicant to participate in all planned camp activities and programs including trips by public and private transportation. I also authorize the Youth Talent School to make and use photographs, slides or video tapes of the person named on this application as may be needed for its records, publications or on the website.

I waive any right to claim against the Youth Talent School, its trustees, employees, authorized chaperones, any liability for injuries, loss, cost, damage and personal injury to my child arising out of the activities.

IN CASE OF MINOR INJURY, I give permission for certified staff of Youth Talent School to administer first aid if necessary.

IN CASE OF EMERGENCY, I understand that every effort will be made to contact me or the person(s) named above. In the event that no one can be reached, I give permission to the physician selected by employees of Youth Talent School to render proper treatment. I agree to pay for the expenses arising from emergency medical treatment to my child.

I agree to pay the balance of the program fees on or before June 18, 2011.

I understand that in the event that I must withdraw from the program, all fees minus the deposit amount will be refunded until June 6, 2011.

I understand that I have a right to review background check of the YTS staff, health care, discipline policies and grievance procedures upon request.

I understand that program fees are not refundable after June 6, 2011.

Parent/Guardian signature _____ Date _____

Please CIRCLE the week(s) that your child will attend the camp:

6/27-7/1	7/11-7/15	7/18-7/22	7/25-7/29
8/1-8/5	8/8-8/12	8/15-8/19	8/22-8/26

Parent/Guardian signature _____ Date _____

Please send this form with your deposit to: Youth Talent School

45 New Ocean St, Swampscott MA 01907