



## REGISTRATION FORM FOR SUMMER CAMP 2009

Please complete both pages of this registration form, sign it and return it with your **non-refundable** deposit of \$150 per child.

Camper name \_\_\_\_\_ sex \_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Grade entering as of Sept 2009 \_\_\_\_\_ e-mail address \_\_\_\_\_

Mother's name \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Cell phone (\_\_\_\_) \_\_\_\_\_

Father's name \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

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 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 13, 2009.

I understand that in the event that I must withdraw from the program, all fees minus the deposit amount will be refunded until June 14, 2008.

**I understand that program fees are not refundable after June 13, 2009.**

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Week 1 (07/14/08 – 07/18/08); Week 2 (07/21/08 – 07/25/08); Week 3 (07/28/08 – 08/01/08);  
Week 4 (08/04/08 – 08/08/08); Week 5 (09/11/08 – 08/15/08); Week 6 (08/18/08 – 08/22/08);  
Week 7 (08/25/08 – 08/29/08)

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

|          |          |          |          |          |          |          |          |
|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>6</b> | <b>7</b> | <b>8</b> |
|----------|----------|----------|----------|----------|----------|----------|----------|

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Please send this form with your deposit to: Youth Talent School  
45 New Ocean St, Swampscott MA 01907