

Behind the Scenes CAMP

2015 REGISTRATION FORM

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

Last Name: _____ First Name: _____ Middle Initial: _____ Nickname: _____

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 Behind The Scenes Camp? 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 PROGRAMS

Behind The Scenes Camp NYC Ages 11-17 \$999	Session 1 <input type="checkbox"/> July 7th-10th	Session 2 <input type="checkbox"/> July 28th-31st
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ONE DAY ADD ON PROGRAM

Photo Shoot Camp NYC Ages 11-17 \$499	<input type="checkbox"/> Saturday July 11th	<input type="checkbox"/> Saturday Aug 1st
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OFFICE USE ONLY: PLEASE DO NOT WRITE IN THIS BOX

Session(s): _____	Program: NYC PSC	Car Pool: Y N
Session fees: \$ _____	Total due: \$ _____	Early Bird: Y N
Coupon: -\$ _____	Deposit Paid: \$ _____	Ck#: _____ Date received: _____
Multiple week discount: -\$ _____	Balance due: \$ _____	Ck#: _____ Date received: _____

Behind the Scenes **CAMP**

2015 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:

Behind The Scenes Camp NYC	\$350
Photo Shoot Camp NYC	\$200

(SUMMER CAMP REGISTRATIONS MAILED IN AFTER JUNE 1, 2015 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 1, 2015. If I am registering after June 1st, 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 1, 2015. After June 1, 2015, 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. Behind The Scenes Camp 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 'Behind The Scenes Camp') 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 'Behind The Scenes Camp') 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 Behind The Scenes Camp 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. & Behind The Scenes Camp 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 Behind The Scenes Camp 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 1246, Fairfax, VA 22038

Name of Camper: _____

Signature of Parent: _____

Printed Name of Parent: _____ Date: _____

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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 Behind The Scenes Camp 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. 'Behind The Scenes Camp', 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 Behind The Scenes Camp 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 'Behind The Scenes Camp' and its 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 'Behind The Scenes Camp'), its 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 'Behind The Scenes Camp' 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: _____

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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 Behind The Scenes Camp 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 SIGN IN/OUT

My child, _____, has permission to sign herself in and out of camp each day. I understand that The Model Source, dba 'Behind The Scenes Camp' 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.

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: _____