



## 2012 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 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 PROGRAMS

<b>CAMP FASHION DESIGN</b> Ages 12-18 <b>\$999</b>	Session 1 <input type="checkbox"/> July 10th -13th	Session 2 <input type="checkbox"/> July 31st - Aug 3rd
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#### ONE DAY ADD ON PROGRAM

<b>PHOTO SHOOT CAMP</b> Ages 12-18 <b>\$499</b>	<input type="checkbox"/> Saturday July 14th	<input type="checkbox"/> Saturday Aug 4th
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#### OFFICE USE ONLY: PLEASE DO NOT WRITE IN THIS BOX

Session(s): _____	Program:    CFD    PSC	Car Pool:    Y    N
Session fees:    \$ _____	Total due:    \$ _____	Early Bird:    Y    N
Extended care:    \$ _____    A    P    B	Deposit Paid: \$ _____	Ck#: _____    Date received: _____
Multiple week discount:    -\$ _____	Balance due: \$ _____	Ck#: _____    Date received: _____



## 2012 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	\$350
Photo Shoot Camp	\$200

*(SUMMER CAMP REGISTRATIONS MAILED IN AFTER JUNE 1, 2012 MUST BE PAID IN FULL)*

### DEPOSITS AND FEES

Camp Fashion Design is owned and operated by The Model Source, Inc. 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, 2012. 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 (including extended care 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 The 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, 2012. After June 1, 2012, 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. The Model Source, Inc. 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 will be only the total session fees paid to The Model Source, Inc. No additional compensation or damages will be paid by The Model Source, Inc. 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 only available for viewing in person at the photo review appointments which are held on set days. Pictures are no longer available for viewing or purchase after September 20, 2012. 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 Camp Fashion Design.

### 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 in the Camp Fashion Design brochure and 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 1246, Fairfax, VA 22038**

Name of Camper: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

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.)

I will not hold The Model Source, Inc., and/or Camp Fashion Design, its owners, its directors, its employees or its legal representatives liable if my child has an accident or sustains an injury during, on the way to and/or at Camp Fashion Design and Photo Shoot Camp.

Name of child: \_\_\_\_\_

Signed by Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name of Parent/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.**

Parents or authorized persons MUST drop their child off in person and sign the attendance register in the mornings and the evenings. Campers are permitted to sign themselves in and out of camp providing a parent or legal guardian submits a signed letter authorizing their child to do so. Please note that in this case Camp Fashion Design can assume no responsibility for the safety of your camper either before or after they have signed themselves in/out of camp.

<b>INSURANCE/HEALTH INFORMATION: Please include a photocopy of your child's health insurance card.</b>
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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: \_\_\_\_\_  
 \_\_\_\_\_