

Kids Summer 2011 Arts & Movement

www.mendonacademy.org

Please use a separate form for for each student.

Application for Summer Camps & Classes

Mendon Academy of Arts & Movement/StudioMove!

16 Mendon Ionia Road, Mendon, NY 14506

(585) 330-2261 • chris@studiomove.org

Student	Age	School
Parent(s) Name(s)	Home Phone	
Email	Cell Phone	
Address	City	State
		Zip

DATES	SESSION DESCRIPTION (Age Range)	TIME	AMOUNT
Aug 22 - 26	Art & Fitness Camp Combo (8-12) Please circle days: M T W H F # Days _____ X \$25/day or \$115 for week	9:00 - 11:30 AM	\$
Aug 22 - 26	Lunch: Bring Your Own Sitting fee required. Fee waived if attending both camps. Please circle days: M T W H F # Days _____ X \$5 sitting fee or \$20 for week		\$
Aug 22 - 26	Camp Be Nimble with Crafts (6-12) Please circle days: M T W H F # Days _____ X \$25/day or \$115 for week	12:30 - 3:30 PM	\$
Aug 22 - 26	Extended Care Please circle days: M T W H F # Days _____ X # Hours _____ X \$5 per hour	3:30 - 5:30 PM	\$
TOTAL AMOUNT ENCLOSED			\$

REGISTRATIONS DUE BY AUGUST 17th. Drop off at the Studio or Drop in the mail.

Make checks payable to: **StudioMove!**

Registration: Space is limited. The first students in a given session to complete registration and signed release forms and submit payment will be guaranteed a space in the class. There will also be a waiting list. **Cancellation by Student:** 50% of the registration fee will be refunded if cancellation is made within 14 days of Art Camp. There will be a full refund in the event that the camp is cancelled by Mendon Academy,

Release & Consent

I hereby agree to indemnify and hold harmless LOL Property Development LLC, StudioMove! and the Mendon Academy of Arts & Movement and its employees against any and all claims for personal injuries or damages of any kind arising from participation in their programs. In the event of an emergency, I give my consent to StudioMove! program staff to secure proper treatment for my child. I understand that the staff will make every effort to contact me, and/or the emergency contact in the event of a medical emergency. Occasionally we may photograph some of the camp activities for publicity purposes. Check this box if you do not wish your child's image to be used for publicity purposes

AUTHORIZED SIGNATURE Parent /Guardian

Date

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A participant's family policy must cover any costs incurred. I understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital in the event that I cannot be reached and agree to release all personnel for any liability in connection with this activity. I do grant permission for transportation in case of an emergency.

Student Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Cell Phone: _____ Work Phone: _____

Insurance Company: _____ Policy Number: _____

Physician's Name: _____ Phone Number: _____

Please give the names of any relatives or friends who will be responsible for your camper(s) when you cannot be reached.

Name: _____ Phone: _____

Relationship _____

Name: _____ Phone: _____

Relationship _____

Please inform us in writing of any medical condition (severe allergic reaction, asthma, etc. or any medication currently being taken) that would merit our attention. Please use the blank space below to list any such medical condition:
