

Modeling Camp™

2016 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 Modeling 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

	MC MIAMI Ages 11-17 \$1099	MC ATLANTA Ages 11-17 \$1099	MC NYC Ages 8-11 Ages 11-17 \$1099	MC WASH DC Ages 11-17 \$1099	MC LA Ages 11-17 \$1099	MC KS CITY Ages 11-17 \$1099	MC DALLAS Ages 11-17 \$1099	MC DENVER Ages 11-17 \$1099	MC HOUSTON Ages 11-17 \$1099	MC SFO Ages 11-17 \$1099	MC CHICAGO Ages 11-17 \$1099	MC TORONTO Ages 11-17 \$1099
6/27-6/30	<input type="checkbox"/>	<input type="checkbox"/>										
7/5-7/8			<input type="checkbox"/> 8-11 <input type="checkbox"/> 11-17	<input type="checkbox"/>								
7/11-7/14					<input type="checkbox"/>							
7/12-7/15						<input type="checkbox"/>						
7/19-7/22							<input type="checkbox"/>	<input type="checkbox"/>				
7/26-7/29			<input type="checkbox"/> 8-11 <input type="checkbox"/> 11-17									
8/1-8/4								<input type="checkbox"/>				
8/2-8/5									<input type="checkbox"/>			
8/9-8/12										<input type="checkbox"/>		
8/15-8/18												<input type="checkbox"/>

ONE DAY ADD ON PROGRAM

PHOTO SHOOT CAMP \$499	<input type="checkbox"/> Miami	July 1st	<input type="checkbox"/> DC	July 9th	<input type="checkbox"/> Dallas	July 23rd	<input type="checkbox"/> Houston	Aug 5th
	<input type="checkbox"/> Atlanta	July 1st	<input type="checkbox"/> LA	July 15th	<input type="checkbox"/> Denver	July 23rd	<input type="checkbox"/> SFO	Aug 6th
	<input type="checkbox"/> NYC	July 9th	<input type="checkbox"/> KC	July 16th	<input type="checkbox"/> NYC	July 30th	<input type="checkbox"/> Chicago	Aug 13th

OFFICE USE ONLY: PLEASE DO NOT WRITE IN THIS BOX

Session(s): _____ Program: ATL CHI DAL DEN HOU KAN LA MIA NYC SFO TOR PSC

Session fees: \$ _____ Total due: \$ _____ Early Bird: Y N

Coupon: -\$ _____ Deposit Paid: \$ _____ Ck#: _____ Date received: _____

Multiple week discount: -\$ _____ Balance due: \$ _____ Ck#: _____ Date received: _____

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2016 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:

Modeling Camp
Ages 11-17
Deposit required: \$350

Photo Shoot Camp
Ages 11-17
Deposit required: \$200

(SUMMER CAMP REGISTRATIONS MAILED IN AFTER JUNE 15, 2016 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 15, 2016. If I am registering after June 15, 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, 2016. After June 1, 2016, any session change will incur a \$75.00 transfer fee. Session changes are made subject to availability and can only be made within the same 2016 summer session. No refund will be given if we cannot accommodate your request to change session. Modeling 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 'Modeling Camp') further reserves the right to cancel or relocate a session for any reason. In the event of cancellation or relocation of a session, I understand that the maximum refund that I will receive from The Model Source, Inc (dba 'Modeling Camp') will be *only* the total session fees I have paid to The Model Source, Inc. I further understand that no additional compensation or damages will be paid by The Model Source, Inc./ (dba 'Modeling Camp') in the event of cancellation or relocation of a session.

PHOTOGRAPHS AND 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 Modeling 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. & Modeling 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 Modeling 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: _____

Modeling Camp™

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 Modeling 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. 'Modeling 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 Modeling 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 'Modeling Camp' and it's 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 'Modeling Camp'), it's 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 'Modeling Camp' or travel incident thereto, whether or not to the fullest extent permitted by law.

I certify that I have read and understand this document and I agree to be bound by its terms.

Name of child: _____

Signed by Parent/Legal Guardian: _____

Date: _____

Printed name of Parent/Legal Guardian: _____

Modeling Camp™

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 Modeling 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 SELF SIGN IN/OUT

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