

Modeling Camp™

2010 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

PROGRAM:	FASHION CAMP	FASHION CAMP	MODELING WORKSHOP	FASHION DESIGN CAMP	FASHION DESIGN CAMP	MISS COTILION CAMP	BEHIND THE SCENES CAMP	MODELING CAMP NYC
PROGRAM AGE:	Ages 11-17	Ages 7-10	Ages 11-17	Ages 11-17	Ages 7-10	Ages 11-17 & 7-10	Ages 11-17	Ages 13-18
SESSION FEES:	\$349	\$349	\$499	\$399	\$399	\$399	\$399	\$999
1 June 28-July 02 VA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2 July 06-09 NYC								<input type="checkbox"/>
3 July 12-16 VA	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
4 July 19-23 VA		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> 11-17	<input type="checkbox"/>	
5 July 26-30 VA	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
6 Aug 02-06 VA	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	
7 Aug 03-06 NYC								<input type="checkbox"/>
8 Aug 09-13 VA	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> 7-10		
9 Aug 16-20 VA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

ONE DAY PROGRAM

PHOTO SHOOT CAMP Ages 11-17 & 7-10 \$399	<input type="checkbox"/> Tuesday June 22nd FL	<input type="checkbox"/> Sunday July 25th VA	<input type="checkbox"/> Sunday Aug 15th VA
	<input type="checkbox"/> Wednesday June 23rd FL	<input type="checkbox"/> Tuesday July 27th FL	<input type="checkbox"/> Sunday Aug 22nd VA
	<input type="checkbox"/> Sunday July 11th VA	<input type="checkbox"/> Wednesday July 28th FL	<input type="checkbox"/> Sunday Aug 29th VA
	<input type="checkbox"/> Sunday July 18th VA	<input type="checkbox"/> Sunday Aug 1st VA	

OFFICE USE ONLY: PLEASE DO NOT WRITE IN THIS BOX

Session(s): _____ Program: FCo FCy MW FDo FDy PS BSC MC NYC 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: _____

EXTENDED DAY OPTIONS (VA ONLY)

Extended day is only available at our VA location.

Please check appropriate box
ALL FEES ARE FOR ONE 5 DAY CAMP SESSION

(PLEASE NOTE
THAT THERE IS NO
AFTERNOON
EXTENDED DAY
ON FRIDAYS.)

Morning Extended Day only: 7:30am-9:00am \$69

Afternoon Extended Day only: 3:30pm-6:00pm \$89

Morning & Afternoon Extended Day: 7:30am-9:00am & 3:30pm-6:00pm \$99

An afternoon snack is offered at 4:15pm.

Drop In Extended Day Fees: Before 8:50am: \$20.00 / After 3:30pm: \$30.00 / Full day: \$35.00

Late Fees: \$1.00 for every minute after 6:00pm. Regular day campers picked up after 3:30pm will be placed in our drop in extended care program and a \$30.00 drop in fee will be charged.

• Would you like your name and phone number to be added to our car pool list? _____

2010 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:

Fashion Camp	\$150	Behind The Scenes Camp	\$200	Miss Cotillion Camp	\$200	Modeling Camp NYC	\$350
Fashion Design Camp	\$200	Modeling Workshop	\$200	Photo Shoot Camp	\$200		

(SUMMER CAMP REGISTRATIONS MAILED IN AFTER JUNE 1, 2010 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, 2010. 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 \$35.00 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, 2010. After June 1, 2010, 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 a session for any reason. In this event the maximum refund will be only the total session fees paid to The Model Source, Inc. No other compensation will be made by The Model Source, Inc. if a session is cancelled.

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, 2010. 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 Modeling Camp.

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 in the Modeling Camp brochure and on the Modeling Camp website.

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.)

I will not hold The Model Source, Inc., and/or Modeling Camp, 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 Modeling Camp.

Name of child: _____

Signed by Parent/Guardian: _____

Date: _____

Printed name of Parent/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.**

Parents or authorized persons MUST drop their child off in person and sign the attendance register in the mornings and the evenings. Girls will NOT be allowed to leave until a parent or authorized person collects them.

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: _____
