

West Goshen Township Park and Recreation Department REGISTRATION FORM

Summer Photography Camps 2016

with



All camps take place at Coopersmith Park (Spring Lane) between 12:30 PM and 3:30 PM.

Please check all that apply:

June 27- July 1: Child (8-11 years old) Teen (12-16 years old)
July 25 - July 29: Child (8-11 years old) Teen (12-16 years old)

Student's Last Name Student's First Name Student's Middle Initial Student's Email

Student's Birth Date Student's Age

Student's Home Address

Mother's/Guardian's Name Daytime Telephone Number Cellular Phone Number Email

Father's/Guardian's Name Daytime Telephone Number Cellular Phone Number Email

Total Payment (\$300 per student per week, or \$275 per student per week if registered by March 15, 2016):_____

Make checks payable to **“West Goshen Township.”**

I/We the undersigned, individually and as parent(s) and/or guardians of _____, a minor, ask that he/she be admitted to participate in this photography camp sponsored by West Goshen Township and taught by The Photography Workshop, LLC. In consideration of such admission, I/we do hereby agree to release, discharge, and hold harmless West Goshen Township, The Photography Workshop, LLC, and their officers, agents, and employees of any from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the photography camp. I/We hereby give West Goshen Township and The Photography Workshop, LLC my/our consent that any photographs, films, audio, and visual recordings for which he/she posed may be used by West Goshen Township, The Photography Workshop, LLC, and their assigns or successors in whatever way they may desire, including but not limited to newspaper, audiovisual productions, television, radio, internet, and other public relations purposes without any notice or without any compensation. I/We agree to cooperate with all regulations and understand that our child will abide by all camp rules or be sent home without refund. I/We understand that the neither West Goshen Township nor The Photography Workshop, LLC can be responsible for loss of valuables. I/We also agree to any and all additional policies, rules, and procedures posted at Coopersmith Park and at the www.photography.camp website.

Both signatures requested:

Mother's/Guardian's Signature Date Father's/Guardian's Signature Date

EMERGENCY HEALTH FORM

Student's Last Name	Student's First Name	Student's Middle Initial
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Student's Birth Date	Student's Age
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Student's Home Address

Mother's/Guardian's Name	Daytime Telephone Number	Cellular Phone Number	Email
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Father's/Guardian's Name	Daytime Telephone Number	Cellular Phone Number	Email
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Please provide us with a list of allergies and intolerance to food, medication, or other substances and actions to take in an emergency situation.

Please provide us with details regarding any pertinent developmental information or chronic physical problems that affect your child.

Please use this space to note any other special requests or considerations for your child.

Name of Student's Physician: _____ Telephone: _____

I/We the undersigned, individually and as parent(s) and/or guardians of _____, in consideration of the request, give permission for my child to participate in photography camp activities with West Goshen Township and The Photography Workshop, LLC. I/We understand and acknowledge by allowing my/our son/daughter to participate in this activity, the risk of injury exists and medical treatment may be necessary. I/We understand that I/we will be notified if my/our child, listed above, becomes ill while at camp. I/We agree that upon notification of my child's illness, I/we will agree to have him/her picked up as soon as possible. In the case of an emergency when I/we can not be reached, I/we hereby give authorization to West Goshen Township, The Photography Workshop, LLC, and their employees and agents, and any treating physician of any medical facility to obtain or provide whatever medical treatment deemed necessary for the immediate welfare of my/our child listed above. I/We give permission for West Goshen Township or The Photography Workshop, LLC to release any information on this form to any healthcare provider.

Conditions of Enrollment: I/We understand it is my/our responsibility to provide accident and health insurance coverage for my/our child, and I/we will be financially responsible for all charges and fees for any and all medical treatment, regardless of whether my/our medical insurance covers such charges and fees. I/We understand that neither West Goshen Township nor The Photography Workshop, LLC provides any medical insurance.

Both signatures requested:

Mother's/Guardian's Signature	Date	Father's/Guardian's Signature	Date
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