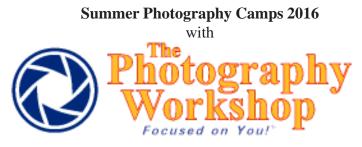
## West Goshen Township Park and Recreation Department REGISTRATION FORM



## 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: July 25 - July 29:	<ul><li>Child (8-11 years old)</li><li>Child (8-11 years old)</li></ul>	<ul><li>Teen (12-16 years old)</li><li>Teen (12-16 years old)</li></ul>		
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 Addre	ess			
Mother's/Guardian's l	Name Daytime Telephone	Number Cellular Phone	Number Email	
Father's/Guardian's N	ame 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 Gosehn 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:

## **EMERGENCY HEALTH FORM**

Student's Last Name	Student's First Name	Student's Middle Initial	
Student's Birth Date		St	udent's Age
Student's Home Address			
Mother's/Guardian's Name	Daytime Telephone	Number Cellular Phon	e Number Email
Father's/Guardian's Name	Daytime Telephone	Number Cellular Phon	e Number Email
Please provide us with a list take in an emergency situation	•	e to food, medication, or other s	ubstances and actions to
that affect your child.		levelopmental information or ch	
Name of Student's Physician	1:	Telephone:	
understand and acknowledge by allow necessary. I/We understand that I/we child's illness, I/we will agree to have give authorization to West Goshen To medical facility to obtain or provide w permission for West Goshen Township <b>Conditions of Enrollment:</b> I/We und will be finacnially responsible for all of	a photography camp activies with W ving my/our son/daughter to particip wil by notified if my/our child, lister him/her picked up as soon as possib wnship, The Photography Workshop thatever medical treatment deemed r o or The Photography Workshop, LL lerstand it is my/our responsibility to charges and fees for any and all med	, in com- est Goshen Township and The Photography ate in this activity, the risk of injury exists a d above , becomes ill while at camp. I/We oble. In the case of an emergency when I/we , LLC, and their employees and agents, and necessary for the immediate welfare of my/o C to release any information on this form to o provide accident and health insurance covical treatment, regardless of whether my/ou r The Photography Workshop, LLC provide	and medical treatment may be agree that upon notification of my can not be reached, I/we hereby l any treating physician of any our child listed above. I/We give o any healthcare provider. 'erage for my/our child, and I/we ir medical insurance covers such
Mother's/Guardian's Signate	ure Date	Father's/Guardian's Signat	ure Date
-	k payment to: Park and Recreation D	epartment, West Goshen Township, 1025 Pao	