



Summer Musical Theater Day Camp

Fees include all private instrumental and vocal lessons, classes and participation in ensembles.

Please enroll my son/daughter: Name _____ Age _____

Email _____

Phone Number (cell and home) _____

Emergency contact _____

Address: _____

Primary Instrument _____ Secondary Instrument _____

- Circle one:
Three weeks \$2,477
Two weeks \$1652
One week \$726

June 26 through July 14 Monday - Friday 9:30-3pm

PAYMENT TO BE MADE AS FOLLOWS: \$500 non-refundable deposit at registration. Balance of tuition by May 1, 2017. Payment received between 5/2/17-6/1/17 will be \$2600.85 for 3 weeks, \$1734.60 for 2 weeks and \$762.30 for one week. Payment received between 6/1/17 and 6/26/17 will be @2724.70 for 3 weeks \$1817.20 for 2 weeks and \$798.60 for one week.

Application is subject to acceptance by director; deposit will be refunded if applicant is not accepted. No refund of any fee for late arrival, early withdrawal, cancellation or dismissal for infringement of the rules or unacceptable conduct. All pictures, audio and video tapes of the applicant and letters received by the director are property of the camp, and may be used for promotional purposes. Any special dietary needs, health restrictions or history of psychological counseling are to be discussed with the director prior to enrollment. Parent affirms that applicant is in sound physical and mental condition to the best of his/her knowledge.

Campers should bring a bag lunch, two snacks and drink(s) which will be refigured. Campers are expected to bring to camp with them any instruments they wish to study during the summer (excluding piano and drums). Arranging for travel to and from camp is the responsibility of the parents. During the indicated period of enrollment, campers may only leave camp on a camp trip, or with a visitor or relative for whom the parents have sent specific written permission to the director. Parents give permission for applicant to use all equipment, take all trips, participate in all scheduled classes and special events, except as restricted by prior written agreement. Use of the camp phone by campers is only allowed in case of emergency. payment for medical services will be billed directly to parents by local health care providers.

Please return deposit to: Amadeus Conservatory of Music, 201 King Street, Chappaqua, NY 10504

Parent signature: _____ Date _____

TERMS & CONDITIONS

1. A \$500 deposit per camper is due upon registration. Applications received after 5/1/17 must be paid in full at the time of registration.
2. **ALL CAMP FEES ARE DUE IN FULL BY 5/1/17.** Failure to pay in full by 5/1/17 may result in the loss of any early discounts received or cancellation of your child's program. A 10% surcharge will be automatically added to the camp fee after 5/1/17.
3. Cancellations made prior to 5/30/17 will be charged a \$250 processing fee for each camper. Any cancellations after 5/30/17 will forfeit their entire deposit. Deposits are not transferable. After 5/15/17 50% of camp fees are non-refundable. After 5/30/17, all camp fees are non-refundable. All cancellations or changes to programs must be in writing.
4. After the first day of camp there will be no refunds for any reason other than a medical emergency as documented by a doctor's note. There are no deductions from the camp fee for a camper arriving late or leaving early or attending a partial week.
5. A completed and signed health form (by a physician and parent) must be received in our office at least one week prior to your child's arrival at camp.
6. In the event of an emergency, I authorize the Camp Director and/or the camp staff to act on my behalf according to their best judgment. I understand that I am responsible for the costs incurred on behalf of my child relating to treatment outside of camp.
7. I agree to allow my child to participate in the full camp program including all activities and supervised trips not on camp property.
8. I consent to allow Amadeus Conservatory of Music to use my child's photograph or video for promotional purposes.
9. Amadeus Conservatory of Music reserves the right to dismiss, without refund, at the sole discretion of the Camp Director, a camper whose condition, conduct, influence or behavior is deemed unsatisfactory.
10. All campers agree to the following **"RULES OF BEHAVIOR"** at Amadeus Music Conservatory. Drugs, alcohol or smoking is prohibited on camp grounds along with the use of cell phones. Bullying, swearing, stealing, or destruction of camp, staff or other camper's property will not be permitted.
11. Any special dietary needs, health restrictions or history of psychological counseling are to be discussed with the Director prior to enrollment. Parent affirms that applicant is in sound physical and mental condition to the best of his/her knowledge.
12. Campers should bring a bag lunch, two snacks, and a filled water bottle and 2 drinks, which will be refrigerated. Campers are expected to bring to camp with them any instruments they wish to study during the summer (excluding piano and drums). Arranging for travel to and from camp is the responsibility of parents. During the indicated period of enrollment, campers may only leave camp on a camp trip, or with a visitor or relative for whom the parents have sent specific written permission to the director. Parent gives permission for applicant to use all equipment, take all trips, participate in all scheduled classes and special events, except as restricted by prior written agreement. Use of the camp phone by campers is only allowed in the case of a family emergency. Payment for medical services is the responsibility of parents. Charges for medical services will be billed directly to parents by local health-care providers.
15. The undersigned hereby agrees to release and hold harmless the Amadeus Conservatory of Music, their employees and volunteers, of any liability whatsoever in connection with any damage and/or injuries that the above named person may sustain as a result of participation in the Amadeus Theatre Camp. If I cannot be reached in the event of any injury, I give permission for my child to be transported to the nearest hospital for treatment to include evaluation of the injury, x-rays, and needed medical treatment.

I have read the above *Terms & Conditions* and acknowledge that it is my responsibility to be familiar with all registration materials, policies, guidelines and details provided by the camp. I have reviewed and discussed the above "RULES OF BEHAVIOR" with my child.

Signature of Parent of Guardian

Date

PAYMENT METHOD

Payment is by check only, made payable to Amadeus. Checks should be mailed to our address: Amadeus, 201 King Street, Chappaqua 10514

Health and Safety Agreement 2017

BOTH SIDES OF THIS MEDICAL FORM MUST BE COMPLETED to ensure your child's health and safety. Your doctor's office can complete the second side of this form using the medical information from a physical examination conducted anytime between August 2016 and June 12, 2017. As soon as both sides are completed, please return the form to our office. *Medical forms must be in the office at least 2 weeks before the start of the camp.*

Name _____ Grade as of Sept., 17 _____ Sex _____
Age _____
Parent's or Guardian's Name _____
Home Address _____ City _____
State _____ ZIP _____
Home Phone _____ Work Phone: Mother _____
Father _____
Cell Phone: Mother _____ Father _____
Insurance Company _____ Policy # _____ Group/ID# _____
Name of Doctor _____ Phone # _____
Name of Dentist _____ Phone # _____
Date of Birth _____ Email _____

Please check if child had any trouble within the last year. Circle those that might present problems for you child this summer.

Seizures Strep Throat Sleep Walk Frequent Diarrhea Diabetes
 Headaches Nightmares Skin Problems Asthma (breathing problems) Hay Fever
 Bed Wetting Orthopedic Problems Heart Trouble Eye Trouble Ear Trouble
 Frequent Fainting Urinary Tract Infections Constipation Other (explain) _____

Additional medical/psychological/emotional/allergy information you feel is important for us to know:

IN CASE OF EMERGENCY (IF PARENT CANNOT BE REACHED)

Business# _____ Home # _____ Cell/ _____
Name and Relationship _____

HEALTH AND SAFETY AGREEMENT:

Amadeus has my permission to provide routine, non-surgical medical care to my child. In the event of a medical emergency and I cannot be reached, I hereby give permission to the physician selected by the camp director or his agent to hospitalize, secure treatment for, and to order injections, anesthesia, or surgery for my child as named herein. I also understand that I am responsible for the cost incurred on behalf of my child relating to accident or illness when treated outside of camp. Although the fullest safety precautions are taken, Amadeus does not assume responsibility for any accident. I give permission to the camp director or other designated staff member to contact anyone treating the child for emotional reasons. The information obtained from such person will only be used to provide for the welfare of the child at camp. I have read all of the registration materials, policies, guidelines and details provided by the school and agree to abide by the requirements set forth therein. I understand that my child will not be allowed to take medication from home unless it is ordered by a physician and so noted on this form. I hereby accept and agree to abide by the provisions of the Health and Safety Agreement.

SIGNATURE OF PARENT OR GUARDIAN

DATE

REVERSE SIDE TO BE COMPLETED BY PHYSICIAN

PHYSICAL EXAMINATION TO BE COMPLETED BY LICENSED PHYSICIAN

Name _____ Grade as of Sept 17 _____ Sex _____

Birth Date _____ Height _____ Weight _____ Blood Pressure _____

Allergies: Medications Food Pollens, Grasses, Trees, Etc. Other

Please Explain

Please Indicate Date Of:

Has Child Had Chicken Pox Disease?

Last Tetanus _____

Yes No

Last MMR _____

or vaccine _____
Date

PLEASE ENSURE THAT IMMUNIZATIONS ARE UP TO DATE BEFORE CHILD ATTENDS CAMP

HAS THE CHILD HAD ANY SURGERY? - LIST WITH DATES

ANY RESTRICTIONS OR LIMITATIONS CHILD MUST OBSERVE?

ANY MEDICAL CONDITIONS CHILD IS BEING TREATED FOR?

IS, OR WILL, CHILD BE TAKING ANY MEDICATION (INCLUDING ALLERGY) AT PRESENT OR DURING SUMMER?
IF SO, LIST:

_____ REASON

PLEASE INDICATE WHETHER THE CHILD HAS ANY EMOTIONAL, PSYCHOLOGICAL OR NEUROLOGICAL PROBLEMS AND EXPLAIN

This information will be kept confidential and will only assist us in providing your child with a quality experience

(FEMALE CHILD) ONSET OF MENSTRUATION? YES NO ARE PERIODS REGULAR? _____
PAINFULL? _____

I have examined the above applicant for entrance to the Amadeus Summer Performing Arts Camp and find him/her physically qualified to be accepted as participant and to enter into all trip activities, except with restrictions state above.

SIGNED _____ DATE OF MOST CURRENT EXAM _____
(EXAMINING PHYSICIAN)

