



# *Summer Musical Theatre Day Camp*

## Camp Fee

**\$3300 (Six Weeks)**

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

**Or \$650 Per Week**

Please enroll my son/daughter:

Name \_\_\_\_\_ Age \_\_\_\_\_

Primary Instrument \_\_\_\_\_ Secondary Instrument \_\_\_\_\_

Camp Season

Monday through Friday

9:00 – 4:00

June 29 through August 7, 2015

PAYMENT TO BE MADE AS FOLLOWS: Tuition in full is due by May 1, 2015. A 10% surcharge will be automatically added to the camp fee for any camper who fails to pay in full by May 1, 2015. 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 rules or unacceptable conduct. All pictures, audio and video tapes of the applicant and letters received by the director are the 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 enrolment. 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 drinks(s) 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 the parents. During the indicated period of enrolment, 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 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.

Please return deposit to: Amadeus Conservatory of Music  
201 King Street Chappaqua, NY 10514

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ Email \_\_\_\_\_

## TERMS & CONDITIONS

1. A \$500 deposit per camper is due upon registration. Applications received after 5/1/15 must be paid in full at the time of registration.
2. **ALL CAMP FEES ARE DUE IN FULL BY 5/1/15.** Failure to pay in full by 4/1/15 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 5/2/15.
3. Cancellations made prior to 5/30/15 will be charged a \$250 processing fee for each camper. Any cancellations after 5/30/15 will forfeit their entire deposit. Deposits are not transferable. After 5/15/15, 50% of camp fees are non-refundable. After 5/30/15, 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.
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 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 drink(s) 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 Musical 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

Check enclosed (preferred) ☐

Charge my credit card VISA or MasterCard (circle one) for \$ \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name as it appears on Credit card \_\_\_\_\_

## Health and Safety Agreement 2015

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 2014 and June 2015. 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., 15 \_\_\_\_\_ 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.

<input type="checkbox"/> Seizures	<input type="checkbox"/> Strep Throat	<input type="checkbox"/> Sleep Walk	<input type="checkbox"/> Frequent Diarrhea	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Headaches	<input type="checkbox"/> Nightmares	<input type="checkbox"/> Skin Problems	<input type="checkbox"/> Asthma (breathing problems)	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Orthopedic Problems	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Eye Trouble	<input type="checkbox"/> Ear Trouble
<input type="checkbox"/> Frequent Fainting	<input type="checkbox"/> Urinary Tract Infections	<input type="checkbox"/> Constipation	<input type="checkbox"/> 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)

\_\_\_\_\_ Home # \_\_\_\_\_ Cell/Business# \_\_\_\_\_  
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

\_\_\_\_\_  
PARENT/GUARDIAN NAME (PRINT LEGIBLY)

**REVERSE SIDE TO BE COMPLETED BY PHYSICIAN**

**PHYSICAL EXAMINATION TO BE COMPLETED BY LICENSED PHYSICIAN**

Name \_\_\_\_\_ Grade as of Sept 15 \_\_\_\_\_ 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 SUREGERY? - 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 \_\_\_\_\_  
(EXAMINING PHYSICIAN)

DATE OF MOST CURRENT EXAM \_\_\_\_\_