

2011 CAMP REGISTRATION

Date: _____

Child's Last Name _____ First _____

Street Address _____

City _____ State _____ Zip _____

Date of Birth _____ AGE _____ Male Female

Did child attend camp in 2010? If yes, where? _____

School _____ Grade for Fall '11 _____

Parent's Name _____

Parent's Name _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Business Phone _____

Business Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Does your child have Food Allergies _____

Emergency Contact (other than Parent/Guardian):

Name _____ Relationship to child _____

Contact Number _____

Dismissal Information (Please list people who will be picking the child up from camp)

1. Name _____ 2. Name _____

Relationship to child _____ Relationship to child _____

Contact number _____ Contact number _____

How did you hear about this camp?

___ Flyer from a Symphony Space performance

___ Time Out Kids

___ Email from Symphony Space

___ Email from Bank Street Bookstore

___ Other. Please Specify _____

Please Note:

Campers must bring their own nut-free lunch. Symphony Space Camps are completely nut-free. We ask that any food brought in is consistent with this policy. Please leave your peanuts and peanut butter at home!

Member

- Week One: July 25 - 29
- Week Two: August 1 - 5
- Week Three: August 8 - 12

Non-Member

- Week One: July 25 - 29
- Week Two: August 1 - 5
- Week Three: August 8 - 12

Signature of Parent/Guardian _____ Date _____

Method of Payment

TOTAL PAID \$ _____

___ Mastercard ___ Visa

___ Check # ___ All checks must be made payable to Symphony Space

Cardholder Name _____ Signature of Cardholder _____

Card # _____ Expiration Date _____

For the Camper:

Write a paragraph about why you would like to attend this camp.

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Permission Form

Consent to photograph or videotape camper and camper's written work or visual artwork to be used by Symphony Space website or in a Symphony Space publication for non-profit purposes.

Camper Name (Please print)

age

* * * * *

Parent/Guardian Consent

Name of Parent/Guardian (Please print)

Phone

Address of Parent/Guardian

Email

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs or videotapes of the above camper by Symphony Space to be used, (along with his/her written and/or art work on the Symphony Space website or in a Symphony Space production or publication. I also grant to Symphony Space the right to edit, use, and reuse said product for non-profit purposes sponsored by Symphony Space. I also hereby release Symphony Space, and its agents and employees, from all claims, demand, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian

Date

If you have questions, contact Madeline Cohen, Education Director: madeline.cohen@symphonyspace.org, 212-864-1414 ext. 221, or Katherine Minton, Director of Literary Programs: Katherine.minton@symphonyspace.org, 212-864-1414 ext. 226.

Please return this form no later than July 1, 2011 to: Symphony Space, 2537 Broadway, NY, NY 10025, Attention: Jennifer Brennan, or FAX (212) 932-3228

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Thalia Kids Book Club Camp Emergency Medical Information

Please print

Child's name _____ Date of birth _____

Parent/Guardian name _____ Parent/Guardian name _____

Best phone # _____ Best phone # _____

Is your child covered under your family's medical insurance? _____ yes _____ no

Insurance Company _____ Policy Number _____

Doctor's Name _____ Phone # _____

- Is your child currently taking any medications that we should know about? Please list:
- Is there any medication which your child should NOT be given?
- Does your child have any allergies (food, medication, other)?
- Is there any other information regarding your child's health that we should know about?

Medical Release

As a precaution we ask that you sign the following authorization. The authorization granted by this form will be used only when absolutely necessary and only after every attempt has been made to contact the parent/guardian.

Symphony Space is not responsible for personal injury. In the event the child needs to be taken to a hospital, we will bring him/her to the nearest hospital.

I do hereby give authority to the Symphony Space staff to obtain necessary medical treatment for my child with the understanding that the family will be notified as soon as possible.

Signature of parent/guardian _____

Print name _____

Relationship to child _____ Date _____

Please return this form no later than July 15, 2011 to: Symphony Space, 2537 Broadway, NY NY 10025, Attention: Jennifer Brennan, or FAX (212) 932-3228.

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Field Trip Permission Form

Parental consent:

I, _____, as the parent/legal guardian of
Name of Parent/Guardian (*Please print*)

_____ hereby give permission for him/her to participate in the
Camper Name

field trips and off-site activities.

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