



Registration Form

Today's Date ____ / ____ / ____

1. PERSONAL INFORMATION PLEASE PRINT NEATLY

Child's Name _____ Date of Birth _____ M/F

Contact Parent / Guardian _____ Email _____

Address _____ City _____ State _____ Zip _____

Day Phone _____ Cell Phone _____

Emergency Contact _____ Relationship to Child _____

Day Phone _____ Cell Phone _____

2. PROGRAM INFORMATION

Workshop Title	Desired Time / Day	Alternate Time / Day	Workshop Fee

YPW T-Shirts are available for a \$15 fee

Please select child's T-Shirt size below if you would like to purchase a shirt

Youth Sizes S M L

Adult Sizes S M L XL

Workshop Fees	\$
Material Fee	\$
T-Shirt	\$
TOTAL	\$

3. PAYMENT INFORMATION

(circle one) Cash Check Visa MC

Card Number _____ Exp Date ____ / ____ / ____ Verification # _____

Name on Card _____ Signature _____

Billing Zip Code _____

Schedule is subject to change anytime. Check with the school office for workshop availability as some workshops may be full and closed.

Please contact the school if an alternative day / time is needed.

A minimum of 4 students is needed to start a workshop.



Release And Consent

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT AND RELEASE TO PARTICIPATE

I (parent's name) _____ binding my heirs, executors, administrator, estate and assigns, do hereby release and agree not to hold liable Young Peoples Workshops (YPW), their officers, agents and employees, from any and all actions, causes of actions, claims, demands, costs or damages as a result of property damage or personal injuries sustained by myself, my child/children, or my property arising from or resulting from any act of omission or otherwise, of Young Peoples Workshops, their officers, agents and employees while participating in an YPW workshop or activity.

I further release Young Peoples Workshops, their officers, agents and employees from all liabilities for personal injury resulting from my child's failure or the failure of other participants in the activity to obey safety regulations and directions of the activity leader in good faith, in response to emergencies and exigencies which occur during the activity; provided however that nothing contained herein shall excuse any employee of YPW or person assigned to be an activity leader by an employee of Young Peoples Workshops, from the responsibility to act with reasonable care for my child's safety during the course of the activity appropriate to the circumstances.

I hereby authorize Young Peoples Workshops to consent to emergency medical or dental treatment for my child while my child is a participant in a Young Peoples Workshops program. I understand that Young Peoples Workshops will make all reasonable efforts to contact me and provide me with notice in the event that my child requires emergency medical or dental treatment.

In the event that YPW cannot contact me and give me notice, I understand that I am hereby authorizing YPW to consent to such treatment on my behalf. I understand that YPW will seek necessary emergency treatment for my child only in the event my child is injured or harmed while engaged in a workshop or activity sponsored by Young Peoples Workshops.

Parent/Guardian (printed name) _____ Date ___/___/___ Signature _____

PHOTO USAGE

I hereby give consent to Young Peoples Workshops to use photographs of my child, in advertising publications, including but not limited to, print, video, and electronic media, produced by Young Peoples Workshops. I understand that the email address provided above will be used no more than three times per month to disseminate YPW photos, news or evaluations ONLY and will not be sold or provided to any other entity or institution for any reason. I understand I can be removed from the mailing list at any time by request.

Date ___/___/___ Signature _____

CANCELLATION POLICY

Workshops fee must be paid in full without deduction for absences for any reason or any duration.

Staffing and other operational costs are incurred on the basis of fixed levels of enrollment. These costs are not eliminated when a child is absent. Workshops that do not enroll a required minimum number of students 5 business days prior to workshop meeting may be canceled. Young People that have paid for canceled workshop will receive a refund or may apply credit to another workshop. Workshops can be canceled up to 5 business prior to workshops convening.

There will be a \$25 cancelation fee. YPW will not refund the workshop fee after a workshop has started or when the cancelation notice is received within 5 business days prior to starting the workshop.

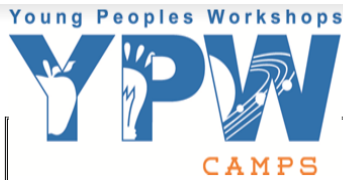
A \$30 fee is charged for all returned checks.

Date ___/___/___ Signature _____

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Please contact the school if an alternative day / time is needed.

A minimum of 4 students is needed to start a workshop.



4. RELEASE NAMES AND HEALTH INFORMATION

Child's Name	Date of Birth	Child's Home Telephone No.
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Child's Home Address

Parent's or Guardian's Name	Address (if different from child's address)
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Give the name, address and phone number of <u>person</u> to call in case of an emergency if parents / guardian cannot be reached:	Relationship
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I hereby authorize YPW Camps to allow my child to leave YPW Camps **ONLY** with the following people. Please list name & telephone number for each. Campers will only be released to a parent or a person designated by the parent/guardian after verification of ID.

Your child will not be released to persons other than those listed below, or unless YOUR written permission is given

Name / Relationship	Home Address	Home Phone/ Business Phone
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Name / Relationship	Home Address	Home Phone/ Business Phone
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Name / Relationship	Home Address	Home Phone/ Business Phone
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EMERGENCY INFORMATION

In case of illness or injury, please first contact:
 ___Mother ___Father ___Other (please specify _____)
Other persons to contact in the event of an emergency or illness:

Name (relationship to <u>child</u>)	Address	Phone
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AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:
 "In the event I cannot be reached to make arrangements for emergency medical care at the time of illness or accident, I hereby authorize an employee of YPW Camps to take my child to the following physician or hospital or clinic, and I give my consent for necessary emergency care when my child is in the care of this physician and/or hospital/clinic."

Name of Physician:	Address:	Ph.#:
Hospital or Clinic	Address:	Ph.#:

Date	Signature - Parent or Legal Guardian
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List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which camper instructor should be aware of:
