

Date Received \_\_\_\_\_



Other Side for Camp Selection

Camper Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_ Male or Female \_\_\_\_\_  
 Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 School \_\_\_\_\_  
 Grade \_\_\_\_\_

Allergies or Intolerance to food, medication, etc.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Any Special Needs?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parents/Guardians (primary contact)  
 \_\_\_\_\_

Home Address  
 \_\_\_\_\_

City/State/Zip  
 \_\_\_\_\_

Email \_\_\_\_\_ (primary contact)  
 Email \_\_\_\_\_ (secondary)  
 Is this camper a current Lopez Studios, Inc. student? Yes \* No

Parent/Guardian Business Phone \_\_\_\_\_  
 Parent/Guardian Home Phone \_\_\_\_\_  
 Parent/Guardian Cell Phone \_\_\_\_\_  
 Other Phone Contact \_\_\_\_\_ ( \_\_\_\_\_ )

**EMERGENCY CONTACTS**

Camper's Physician \_\_\_\_\_ Firm \_\_\_\_\_  
 Phone \_\_\_\_\_ Health Insurance \_\_\_\_\_  
 Policy Number \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship to camper \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship to camper \_\_\_\_\_

List persons authorized to pick up camper:

Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____

How did you hear about our Winter/Spring Break Camps?  
 \_\_\_\_\_

**Spring Break Camp Policies 2012**

**Fees Due:** All applicable registration fees and an initial non-refundable deposit per camper are due at the time of registration. The remaining balance will be due on **April 1, 2012**. Campers registered within 2 weeks of the start of the camp program will need to pay all applicable fees and tuition in full at the time of registration. Balances paid late will be subject to a **\$30 late fee** for confirmed registered campers. An additional non-refundable deposit per camper will be due for campers registered for the Extended Camp Program.

**Refund Policy:** No refunds will be given for any reason (missed days, illness, etc.) and all deposits and registration fees paid are non-refundable. Likewise, no refunds will be issued after camp balances have been paid. These include fees paid for tuition, registration, hot lunch, extended camp hours, transportation, or any other service or product requested and paid for in advance.

**Liability Waiver:** Lopez Studios, Inc. desires to provide a safe and enjoyable camp program for all campers, but understands that accidents can still occur. Parents understand that there are risks involved with transportation and other associated camp activities. In consideration of your child being allowed to participate in this program, parents/guardians agree to assume responsibility for those ordinary and reasonable risks associated with travel and summer camp activities. Parents will agree to hold harmless Lopez Studios, Inc., its affiliates, employees, agents, and representatives, including volunteers and drivers from any and all claims arising from their child's participation. We also certify that we have read and will abide by all of the camp policies as stated above. In addition, I (we) have thoroughly read and understand all information pertaining to our camp selection including but not limited to fees, non/refundable items, due dates, late fees, and any additional requirements needed to participate in the selected camp. Lopez Studios, Inc. reserves the right to cancel any camp program for low enrollment or any other reason it deems necessary by contacting registered campers when this decision has been confirmed and issuing 100% of all fees paid in advance.

**Emergency Health Authorization:** Lopez Studios, Inc. and its representatives have parents/guardians permission, in an emergency when you or your camper's physician cannot be reached, to take the camper at parent/guardian expense to the emergency room of the nearest hospital; and the hospital and its medical staff have my permission to provide treatment which a physician deems necessary for the well being of the camper.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I give permission to administer Tylenol to my camper if needed **YES NO (please circle)**

**CAMP SELECTION-** Indicate all registered camp programs and complete applicable information.

**SPRING BREAK CAMP**

**April 2-6 2012 5 days**

<b>Tuition</b>  ___ AM Extended Camp Hours (7-9AM) ___ PM Extended Camp Hours (3-6PM) ___ Both AM & PM Extended Camp <b>Select all that apply above</b>	<u>Tuition</u>  <b>\$42 per day</b> \$42 X ___ (#days) = \$ ___  \$15 per day (7AM-9AM) \$20 per day (3PM-6PM) \$30 per day	<u>Deposit Due</u>  <b>\$20 per day</b> \$20 X ___ (#days) = \$ ___	<u>Select Age Group</u> <input type="radio"/> (grades K-2) <input type="radio"/> (grades 3-4) <input type="radio"/> <u>Select Dates</u> <input type="radio"/> April 2 <input type="radio"/> April 3 <input type="radio"/> April 4 <input type="radio"/> April 5 <input type="radio"/> April 6
	Tuition Due \$	Deposit Due \$	

<b>Registration Fee: \$35 per camper</b> (if registered after April 1, 2011)	Please complete if paying by Credit Card Card Holder _____ Card Type: Visa * MC * Amex * Disc
<b>Grand Total Due: \$</b> _____ add Tuition Columns & Registration Fee	Account # _____ Expiration date: ___/___/___
<b>Total Deposit Due: \$</b> _____ Pay Now (add Deposit Columns & Registration fee)	Authorized Signature: _____ Security Code _____ (located on back of credit card)
<b>Balance Due: \$</b> _____ subtract Deposit Due from Grand Total Due	(please indicate option) ___ Use for Deposit Only ___ Use For Deposit & remaining balance when due

**WELCOME TO OUR  
SPRING BREAK CAMP 2012**