



Kaleidoscope Summer Camp 2010

Registration forms

Child/Children's name(s): _____
Age(s): _____
Birth Date(s): _____
Gender(s): _____

Parent/Guardian Name(s) _____
 Address: _____
 Home Phone: _____ Cell Phone: _____
 Work Phone: _____
 Email Address: _____

Please write the number of children attending each session:

WEEK ONE	WEEK TWO
(August 2 nd - 6 th) _____	(August 9 th - 13 th) _____
Number of Weeks X \$185 (for 7 - 12 year olds) = \$ _____	
Minus Number of Weeks X \$20 sibling discount = \$ _____	
Optional Scholarship Fund Donation = \$ _____	
	TOTAL = \$ _____

Note: cost includes lunch at Real Food Nation

Please send completed Registration Form (all 3 pages) and entire payment, with check made out to: Talking Hands Talking Feet, 6A Sandy Lane Santa Fe, NM 87505

Registration Information: 505 231-5869, or email: melanie@talkinghandstalkingfeet.com

For more information about Talking Hands Talking Feet, visit our website:

www.TalkingHandsTalkingFeet.com

Monday, June 7th: Registration Deadline

Space is limited! After June 7th, please call to inquire about openings.

Refund Policy:

If a person withdraws from a session prior to June 30, 2010, then the total fee (less 25% for administrative costs) will be refunded. No refunds can be given for any reason after June 30, 2010. The Camp Directors have the right to dismiss any child for behavioral problems. Money will not be refunded for days missed.

If because of unforeseen circumstances, Talking Hands Talking Feet must cancel a session, appropriate refunds will be available.



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Rules and Agreements

1. Kaleidoscope Summer Camp 2010 hours: Monday through Friday. Arrive between 7:30 – 9:00 am & Pick up between 3:00 – 5:30 pm. My child will attend the camp for the following hours: from ____ am to ____ pm. My child will not attend camp for the following days (if applicable) _____
2. Fees for each child are as follows: TOTAL \$185 per week , full payment due before or at the start of each week. \$20 sibling discount per week.
3. All 3 registration forms must be filled out and signed before any child may attend the camp.
4. Parents will provide a) **sack lunch** every day except for Wednesdays. We will provide snacks besides lunch b) **a water bottle** every day & c) **sunscreen**. (Please note: do not send colored sunscreen – it stains floors and walls!)
5. A medical release form is required for all medicinal, herbal and other remedies to be administered to each child while in our care.
6. Parents will arrange for the prompt picking up of ill children upon notification from us that a child has become ill.
7. Parents will notify us in advance of bringing a child into our care if such child has been ill the prior evening or over the preceding weekend.
8. Parents who require or prefer that a child consume special foods and/or beverages must provide all such foods and beverages.
9. My child has my permission to hike to Real Foods Nation, on the off road trail, for lunch on Wednesdays, with Paul and Melanie.
10. I understand that all insurance, medical and otherwise, must be provided by each participating child's own policy or that of his/her family.

Health & Safety Information Waiver and Release

In consideration of my child's (or children's) participation in the Talking Hands Talking Feet ® program, I hereby assume all risk of loss, damage or injury associated with or incurred during participation in the Talking Hands Talking Feet program. On behalf of myself, my children, my heirs, beneficiaries, administrators and personal representatives, I waive all claims for injuries or damages arising out of my child's (or children's) participation in the programs and release the instructors, Paul A. and Melanie Zeir, as well as their family and the studio, Talking Hands Talking Feet, as well as all its officers, directors, assigns, members, agents and employees from all such claims arising out of my child's (or children's) participation in the programs of Talking Hands Talking Feet.

I confirm that my physical condition and/or my child's physical condition allows me and/or my child to participate in the Talking Hands Talking Feet programs and that, if I have any question about my child (or children's) physical condition in this regard, I will seek a physician's advice. I have read and understood the foregoing, and voluntarily sign this Health Information, Waiver and Release Form as well as the Camp Rules and Agreements.

Read, understood and agreed to this _____ day of _____, 2010

Student: _____ Parent/Legal Guardian: _____

Signed Parent/ Legal Guardian: _____



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Publication Waiver

Date: _____ Student/Participant: _____

Parent/Guardian: _____ Phone #(s): _____

Email address: _____

In regards to video, photo or audio recordings from Talking Hands Talking Feet engagements:

I do give permission to Talking Hands Talking Feet to publish video, photo or audio recordings of 'participant' listed above.

I do give permission to Talking Hands Talking Feet to include participants' first name only or first and last name on credits.

I do **not** give permission to Talking Hands Talking Feet to include participants' name on credits.

Signed parent/guardian/adult participant: _____

Emergency Information

Please list any allergies or medical conditions your child may have: _____

Please list two family members, friends or neighbors who can be contacted in event of emergency:

Name: _____ Name: _____

Address: _____ Address: _____

Day Phone#: _____ Day Phone#: _____

PHYSICIAN OR MEDICAL FACILITY TO CONTACT IN EVENT OF EMERGENCY:

Name: _____ Phone #: _____

I HEREBY GIVE MY PERMISSION FOR EMERGENCY CARE BY THE ABOVE-NAMED PHYSICIAN OR MEDICAL FACILITY:

EMERGENCY TRANSPORTATION (please check one): YES NO

TREATMENT (please check one): YES NO