



# 2016 IVY TECH YOUTH SUMMER CAMPS

Student's Name (Last) (First) Preferred Name Gender ☐ Male ☐ Female

Mailing Address City State Zip Code Birth Date

Ivy Tech/BPP Theatre	Broadway Kids Monday - Friday May 30 - June 10 9 AM - 4 PM (\$290)	DramatiCATS Monday - Friday June 13 - June 24 9 AM - 4 PM (\$260)	BPP Laugh Factory Monday - Friday June 27 - July 8 9 AM - 4 PM (\$290)	BPP's Musical Theatre Monday - Friday July 11 - July 29 9 AM - 4 PM (\$360)
	IVY TECH/BPP TUITION TOTAL			

NOTE: To ensure child's safety, guardians must sign children in and out each day with photo ID.



# 2016 IVY TECH YOUTH SUMMER CAMPS

**NOTE: To ensure children's safety, guardians must sign children in and out each day with photo ID.**

## TO REGISTER:

1. Complete camper information and make camp selections on reverse side of this form.
2. Complete payment information below.
3. Mail or bring completed registration and health form (one each per camper) with payment to Ivy Tech John Waldron Arts Center, 122 S. Walnut St., Bloomington, IN 47404; or fax completed forms to 812-330-6201.  
Checks should be made out to Ivy Tech Community College.

**NOTE: Payment in-full is required to secure camp registration. REGISTRATIONS SUBMITTED WITHOUT COMPLETED HEALTH FORM WILL NOT BE PROCESSED.**

## PLEASE READ AND SIGN:

### DISABILITY SUPPORT SERVICES

Ivy Tech Community College provides accommodations for persons with documented disabilities in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Students who have, or think they may have, a disability (e.g. psychiatric, attention, learning, vision, hearing, physical, or systemic), can contact Disability Services for assistance. All information is confidential. Phone 812-330-6046 for an appointment.

### REFUND POLICY

If you need to cancel your registration, we must be notified by phone or in writing. Full refund of tuition will be given if notification is received 7 days or more prior to camp session. No refunds or credits (except for documented medical emergencies) will be issued after this time.

To the best of my knowledge, the accompanying information is complete and accurate. In case my child is injured, I authorize the officials of this College to take the necessary actions to save my child's life. Additionally, I agree to comply with the practices of Ivy Tech. I understand that if I knowingly provide false information, my enrollment may be revoked and I may incur fines and IRS penalties. I promise to pay to the order of Ivy Tech Community College the full amount of the balance due upon request. It is understood that costs incurred in the collection of a delinquent account, including collection and attorney fees, shall be added to the balance of the delinquent account. It is also understood that lack of payment may result in being withdrawn and prohibited from registering for future terms.

**I have read and understand this agreement.**

**SIGNATURE REQUIRED**

## PAYMENT INFORMATION:

Total Camp Fees (from reverse side): \$

- ☐ My child is eligible for the National School Lunch Program and would like to apply for scholarship assistance.  
I authorize \_\_\_\_\_ school district to verify eligibility. (For College for Kids and Ivy Arts camps only.)

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

☐ Registration fees enclosed

Check #: \_\_\_\_\_ Check Name: \_\_\_\_\_

☐ Charge to my credit card

☐ Visa ☐ Discover  
☐ Mastercard

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

Exp. Date: \_\_\_\_\_ V-Code: \_\_\_\_\_

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date



# 2016 IVY TECH/KID CITY YOUTH CAMPS HEALTH FORM

## General Information

Participant \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (upcoming year) \_\_\_\_\_  
(Last, First, Middle)

Legal Guardian \_\_\_\_\_ Email \_\_\_\_\_  
(Last, First)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

☐ YES. This person is authorized to make changes to the information on this registration/health form and pick-up this child.

Legal Guardian \_\_\_\_\_ Email \_\_\_\_\_  
(Last, First)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

☐ YES. This person is authorized to make changes to the information on this registration/health form and pick up this child.

## Medical Information

Family Physician \_\_\_\_\_ Office Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_ Policy Holder \_\_\_\_\_

Does your child have:	Yes	No	Does your child have:	Yes	No
Allergies?			Any medications? (please list below)		
Infections or diseases?			Limited physical, social, cognitive and/or behavioral skills?		
Dietary modifications?					

If you answered yes to any of these questions, if you would like to exempt your child from an activity, or if you can provide any information that will help us provide a better camp experience for your child, please explain.

Date of child's most recent immunizations: DTAP \_\_\_\_\_ MMR \_\_\_\_\_ Tetanus \_\_\_\_\_ Other \_\_\_\_\_

**\*This health form is valid January 1-December 31, 2016. If there are any changes to this information, please contact Ivy Tech's Center for Lifelong Learning at (812) 330-4400.**

Participant's Name: \_\_\_\_\_  
(Last) \_\_\_\_\_  
(First) \_\_\_\_\_

### Emergency Contacts

*Please list people who may be contacted in an emergency. We will attempt to contact one of these people (in the order listed) if we are unable to contact a legal guardian.*

1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_
2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_
3. Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_
4. Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

### Authorized Pick-up

*Please list the people (other than yourself or other legal guardians who have already been authorized) who are allowed to pick up your camper. Anyone not on this list will not be permitted to pick up your camper.*

Name _____	Name _____
Name _____	Name _____
Name _____	Name _____
Name _____	Name _____

### Waiver Statement (Must be signed to participate)

In consideration of permission to use the property, facilities and services of Ivy Tech Community College ("Ivy Tech"), such use including, but not limited to, use of Ivy Tech's facilities or equipment, participation in Ivy Tech programs or activities, and observation of any of the foregoing, I do hereby agree:

#### 1. Release and Waiver of Liability

For myself and my heirs, assigns, personal representatives, executors and administrators, to waive, release, and forever discharge Ivy Tech and its respective directors, officers, employees, representatives and members (the "Releasees") from liability for any loss or damage and from any rights, claims or demands therefore which I have or which may hereafter accrue to me arising out of injury to my person or my property incurred in connection with my use of the property, facilities or services of Ivy Tech, whether such damages are caused by the negligence of the Releasees or otherwise.

#### 2. Assumption of Risk

That I bear sole risk of injury resulting from my use of the property, facilities and services of Ivy Tech and hereby assume full responsibility for a risk of any bodily injury, death or property damage arising from such use, whether caused by the negligence of the Releasees or otherwise.

#### 3. Indemnification

To indemnify and hold harmless the Releasees and each of them from any loss, liability, damage or cost they may incur in connection with my use of the property, facilities and services of Ivy Tech, whether caused by the negligence of the Releasees or otherwise.

#### Audio-Visual Waiver

I understand that my child may be photographed or videotaped during his/her participation in this activity, and consent to the reproduction of such photos or videos for advertising and publicity purposes.

I HAVE READ THIS RELEASE AND UNDERSTAND ALL OF ITS TERMS. I SIGN IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

The above signed applicant is representing all the above stated participants on this form. It is the applicant's sole responsibility to relay this information to them.