



CAMELOT ACADEMY
OF ARTS, SCIENCE & TECHNOLOGY

Summer Program Enrollment Form

School of Dance • School of Music • Summer Academics • Academic Tutoring • Test Prep • Summer Camp

Student's Name: _____ Age: _____ Birth Date: _____
 Day School: _____ Grade: _____
 Mother's Name: _____ Mother Cell: _____
 Father's Name: _____ Father Cell: _____
 Home Address: _____ Home Phone: _____
 _____ Email: _____

Program(s) Selected:

Tuition & Fees

Session #	Course / Camp Name	Enrollment Fee: \$35.00
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Enrollment Fee includes one (1) T-Shirt; additional T-Shirt @ \$10.00 ea. X _____

T-Shirt Size: XLarge Large Medium Small Total : _____

I hereby affirm that I have the authority to enroll the above named student, and hereby give permission for the above named student to participate in Camelot Academy program(s). In permitting the above named student to participate in the program(s), the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to the above named student arising in any way whatsoever or however the same may occur and for whatever period said activities and extended care may continue. In the event of illness or injury, I do hereby consent to whatever medical and/or dental treatment are considered necessary in the best judgment of the Camelot Academy staff. I also understand that Camelot Academy does not provide health and medical insurance for students / participants. Authorized / responsible adult must accompany the above named student to the class / lesson site and must pick up the above named student at the site immediately following the completion of the class / lesson.

Emergency Contact: _____ Relationship with the student: _____ Phone: _____
 Parent / Legal Guardian (Print & Sign): _____ Date: _____

Camelot Academy Video-Photo Consent, Waiver and Release

Camelot Academy students are often involved in activities, classes, lessons, trainings, rehearsals and performances that require taking pictures and videos for public media and marketing purposes, such as Internet web site, printed material, videos, newspapers, and other printed or digital media.

I am the parent / legal guardian of (Student's Name): _____

(Initial) _____ I hereby give consent for my child to be photographed, video taped, or interviewed for possible use in printed and digital media, television, radio broadcasts, school web sites, and school printed material and publications.

(Initial) _____ I agree that use of a photograph, photographs or video segment(s) does not constitute in any manner a waiver of Camelot Academy's policies, rules, terms and conditions, nor does continued use constitute an agreement to continue the student's enrollment.

Parent / Legal Guardian (Print & Sign): _____ Date: _____