

Family: _____ Camper's Name(s): _____

Camp Adler 2009

David Adler Music and Arts Center
 1700 North Milwaukee Avenue
 Libertyville, IL 60048
 Phone: (847) 367-0707
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 www.adlercenter.org



Registrations will not be finished processing without this form WITH a signature.

General Terms

All deposits include a non-refundable \$25 enrollment fee. The full balance of tuition is due on April 20, 2009. Enrolled campers whose full balance of tuition is not received and/or whose signed agreement is not returned by April 20, 2009 will be removed from class rosters in lieu of campers on class wait lists who have paid the full balance of tuition by April 20, 2009.

In the event a camper withdraws from Camp Adler 2009 after enrolling but prior to April 20, 2009 their deposit as well as any additional prepaid tuition will be refunded less the \$25 enrollment fee. After April 20, 2009 deposits will not be refunded and priority will be given to enrollees paying in full until Camp Adler 2009 has reached capacity. After May 11, 2009, pre-paid tuition is non-refundable for reasons including but not limited to: incomplete attendance, failure to attend, dismissal, voluntary or involuntary withdrawals.

David Adler Music and Arts Center membership fees are not refundable.

Advertising Disclaimer

The DAMAC reserves the right to utilize visual and digital images, and audio of any and all program participants for publicity and advertising. All methods of advertising will be presented in an ethical manner. Your signature on the enrollment agreement form indicates your permission for DAMAC to use your participant's photographic image(s) for promotional purposes.

I understand that DAMAC does not take responsibility for any personal items that are lost, stolen, or damaged.

Waiver and Release of Claims for Injury

I hereby agree to indemnify and hold harmless and defend the David Adler Cultural Center dba. David Adler Music and Arts Center and their officers, agents, servants, and employees from any and all claims of every kind, known or unknown, present and future, that I may have arising out of, connected with, or in any way related to the program and my participation therein. My signature also allows DAMAC to use my participant's photographic image(s) for promotional purposes. My signature on this form indicates that I have read and understand the above waiver and execute it of my own free will and without any reservation.

Please use the space below to list people who have permission to pick your camper up from Camp Adler:

Name	Relationship to Camper	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical Information

Family Physician Name: _____ Phone: _____

Please list any known allergies: _____

Please elaborate on any medical conditions of the above name child that we should be aware: _____

In the event that your child needs to be administered medication during Camp Adler 2009, medications forms will be distributed at a later date.

I, the undersigned, have read and understand the terms of this agreement, authorize those listed above to pick up my child from Camp Adler, and give permission for any and all medical attention to be administered to my child in the event of accident, injury, sickness, etc., under the direction of the David Adler Music and Arts Center staff, until such time as I may be contacted. I also assume responsibility for the payment of any such treatment. This release is effective through July 24, 2009.

Signature: _____ Date: _____

For Office Use Only: Date Received: _____ Received By: _____