



Student's Name: _____ Student's Birth Date ____/____/____ Age: _____

Child's School: _____ Grade: _____

Mother's Name: _____ Father's Name: _____

Mom's Phone: Home: _____ Work: _____ Cell: _____ Fax: _____

Dad's Phone: Home: _____ Work: _____ Cell: _____ Fax: _____

Student's Address: _____

Email Address: _____

If parents are unavailable in an emergency, please contact:

Name: _____ Relationship: _____ Phone: _____

Allergies? _____

Medication? Anything else we should know? _____

CHECK CAMPS ATTENDING (9AM-3PM)

Session 4: 8/2-8/6
9 Beverly Ridge Terrace. Beverly Hills, CA 90210

Session 5: 8/9-8/13 (Ages 6 & up only)
860 Greentree Rd. Pacific Palisades 90272

Each week above \$425

Session 6A: 8/16 – 8/20 Shutters Hotel

Session 6B: 8/23 – 8/27 Shutters Hotel
1 Pico Blvd. Santa Monica, CA 90405
LUNCH INCLUDED EVERYDAY!

Shutters per week: \$600 Daily: \$130

Session 7: 8/30-9/2
Pacific Palisades -TBD

\$425

TUITION

Enroll my child in session(s) (circle all that apply)	Price of Session(s)
<u>Session 4</u>	\$ _____
<u>Session 5</u>	\$ _____
<u>Session 6A</u>	\$ _____
<u>Session 6B</u>	\$ _____
<u>Session 7</u>	\$ _____

*Sibling Discount _____

Total Amount _____

*Sibling Discount is \$20 for a 1 week session

**Mail enrollment forms & payment
to: Funky Divas
1302 Ocean Park Blvd. #E
Santa Monica, CA 90405
310-838-8387**



2010 Summer Camp Enrollment Agreement

Please Read Carefully & Return to Funky Divas

- My child(ren) has my permission to attend camp, under the supervision of the Funky Divas.
- I understand that a late charge of \$25 applies if my child remains after 3:00pm sharp.
- Funky Divas may use my child's photograph/ likeness in promotional materials.
- Any questions I have about Funky Divas Camp has been answered to my satisfaction.
- I understand there are absolutely no refunds or make-up days.
- I agree to pay all tuition and fees set forth for Funky Divas Camp.
- If Funky Divas, in judgment believes my child(ren) requires medical attention, Funky Divas has my authorization to obtain such medical care from a licensed hospital or physician as Funky Divas deems necessary. As the guardian, I will be responsible for all physicians, hospital and related costs so incurred.
- On behalf of my child(ren) I voluntarily assume all risks of injury, loss, or damage that may be sustained and release and discharge Funky Divas Camp, its officers, staff, employees, and residential hosts from all loss or damage and from any claim or demand on account of injury or death.
- I agree to hold harmless, indemnify and defend Funky Divas, its officers, staff, employees and residential hosts for and from any and all liability, claims, expenses, demands, fees, judgments and/or damages arising directly or indirectly from my child(ren)'s participation in camp programs or at any time my child(ren) is on the premises of or premises used by Funky Divas, save and except claims arising out of the sole willful misconduct of Funky Divas. I will reimburse Funky Divas, it's officers, staff, employees, agents and residential hosts for all expenses including reasonable attorney fees for all such claims made.
- I hereby release Dana Marie Lazzareschi & Kelly Lyans of any injury claims resulting from my child participating in the Summer Camp. I, the undersigned parent or guardian, grant permission to any physician, selected by the instructors to secure, at my expense, proper treatment, including but not limited to x-ray examination, anesthesia, medical and/or surgical diagnosis or treatment, and hospitalization if necessary for my child.
- I have read and understand all of the Registration Information and the Enrollment Agreement.

Please put sunscreen on your child every morning before camp. We encourage children to bring their own sunscreen with them, however we will supply sunscreen throughout the day as well.

I give the staff permission to apply my child's sunscreen. YES _____ NO _____

Guardian Signature: _____

Date: _____

This form MUST be returned to us, on or before the first day your child attends camp.