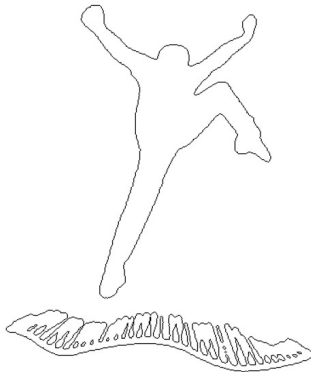


Harbor Conservatory for the Performing Arts
A division of Boys & Girls Harbor, Inc.

SUMMER INTENSIVE 2008

**Musical Theater
Classical Music
Latin Music**



Celebrating 38 Years

HARBOR CONSERVATORY for the PERFORMING ARTS
SUMMER INTENSIVE

THE FOLLOWING FORMS NEED TO BE COMPLETED AND RETURNED TO THE
CONSERVATORY PRIOR TO THE INTENSIVE

1. Application
2. Background Information Form
3. Medical filled out and completed by your child's Physician; stamped signatures are not acceptable. Please include immunization record. (2 pages)
4. Consent Form & Emergency Medical Treatment Release (this form needs to be notarized)
5. Media Consent Form (this form needs to be notarized)
6. Escort Plan/Release Form
7. Permission Slip
8. Parent Agreement Form
9. Student Contract

Harbor Conservatory for the Performing Arts SUMMER INTENSIVE

PLEASE PRINT CLEARLY

Date: _____

First Name _____ Initial _____ Last Name _____

Date of Birth _____ Age _____ Sex: Male _____ Female _____

Address _____ Apt. _____

City _____ State _____ Zip Code _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

PLEASE CIRCLE the SUMMER INTENSIVE THAT CHILD IS ENROLLING IN

Musical Theater Intensive

Session I: June 27th -July 11th
Session II: July 14th -July 25th

Classical Music Intensive

Session I: July 7th -July 18th
Session II: July 21st -August 1st

Latin Music Intensive

August 4th -8th
August 11th -15th

How did you hear about the Conservatory? Please circle one:

newspaper radio friend flyer Internet

ETHNICITY (circle) African-American Hispanic White Other _____ Country of Origin _____

HEALTH INSURANCE CARRIER _____ POLICY# _____

MEDICAID # _____

NAME AND TELEPHONE NUMBER OF FAMILY/ FRIEND/ OR NEIGHBOR TO CONTACT IN CASE OF EMERGENCY _____

Name

Relationship to the student _____ Telephone # _____

Address _____

Guardian/Mother/Father's Name _____
Last First

Relationship if not mother _____

Address (if different) _____
Street Apt. City State Zip

Home Phone: () _____ Work Phone () _____

Cell/Beeper: () _____

FOR OFFICE USE ONLY:

DFY	ACA	CONSERVATORY	BOYS & GIRLS HARBOR	PRIVATE
H	B	W	NA	OTHER
7-8	9-10	11-12	13-15	16 & OLDER

BACKGROUND INFORMATION

Student Name: _____ Age: _____ D.O.B. _____

1. Name of school your child attends: _____ Grade (2008-2009) _____

2. Address of School: _____ City: _____ Zip Code: _____

3. Has your child studied MUSIC, DANCE or THEATER previously? _____

If yes, please list the specific discipline studied, school or program, and how many years.

4. How did you learn about Harbor Conservatory for the Performing Arts Summer Intensive?

5. What are your child's special interests/hobbies?

6. Is your child receiving any special services from a Psychologist, Social Worker or Therapist?

YES _____ NO _____

7. Any activities child cannot participate in? _____

8. Any medical problems, physical concerns or allergies that we need to be aware of?

Parent's Comments:

DIRECTOR'S COMMENTS:

HEALTH RECORD FOR CHILDREN IN DAY CAMPS AND AFTER SCHOOL & YOUTH CENTERS
 (This side to be filled in by parent before presentation to physician)

NAME OF PROGRAM _____

Child's Last Name _____	First Name _____	Birth date _____	MO <input type="checkbox"/> FO <input type="checkbox"/> Gender
Home Address _____		Phone _____	
Parent or Guardian: _____		Phone _____	
Place of Employment: Father _____		Phone _____	
Mother _____		Phone _____	
In case of emergency, notify: _____		Phone _____	
If Parent/Guardian are not available in an emergency, notify: (Family Physician)			
1. _____		Phone _____	
or 2. _____		Phone _____	

Important: Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance: Yes No (if yes, state type of exposure: _____)

HEALTH HISTORY: (Check, giving approximate dates)

Allergies/Diseases

Ear Infections _____	Hay Fever _____	Chicken Pox _____
Rheumatic Fever _____	Ivy Poisoning, etc. _____	Measles _____
Convulsion _____	Insect Stings _____	German Measles _____
Diabetes _____	Penicillin _____	Mumps _____
Behavior _____	Other Drugs _____	Asthma _____

Past Illnesses _____ Contagious Illnesses _____

Operations or Serious Injuries (Dates) _____

Hospitalization (Dates) _____

Chronic or Recurring Illness _____

Other Diseases or Details of Above _____

Any specific activities to be encouraged? _____

To be restricted? _____

Permission for all program activities unless otherwise noted by Dr. _____

Suggestions from Parent/Guardian _____

SIGNIFICANT HEALTH HISTORY, CURRENT CONDITIONS

Medication Taken _____

Appliance Worn (Glasses, etc.) _____

Conditions Which Modify Activity (Seizures, Amnesia, Heart Conditions, etc.) _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to Boys Harbor staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship _____ Signature _____ Date ____/____/____ Tele. # _____

PHYSICAL EXAMINATION

(To be filled out by Physician - please note information on reverse side)

The purpose of this health record is to provide the staff with pertinent information which will help to serve the needs of this child in Country Camp, Day Camps and After School and Youth Center programs.

IMMUNIZATION HISTORY

(This is a record of dates of basic immunization and most recent booster doses.)

DPT or DT or TD	Date_____	Date_____	Date_____	Date_____	Date_____
Polio	Date_____	Date_____	Date_____	Date_____	Date_____
Measles	Date_____				
Rubella	Date_____				
Mumps	Date_____	Tuberculin Test Given_____			(most recent)

MEDICAL EXAMINATION

(To be filled out by licensed physician)

Examination is acceptable when performed no more than 12 months prior to arrival at camp

- Code: S = Satisfactory
- X = Not Satisfactory (Please explain)
- 0 = Not Examined

General Appearance_____

Height_____ Weight_____ Blood Pressure_____ Hgb. Test_____

Urinalysis_____ Posture & Spine_____ Throat - Tonsils_____

Eyes_____ Vision_____ Glasses_____ Extremities_____ Heart_____

Ears_____ Hearing_____ Feet_____ Lungs_____ Skin_____

Nose_____ Teeth_____ Abdomen_____ Hemia_____

Genitalia_____

Allergy: (Please specify)_____

Neurological Findings_____

Describe Abnormal Findings and/or Handicapping Conditions _____

Has child ever received products containing horse serum? _____

RECOMMENDATIONS & RESTRICTIONS WHILE IN CAMP

Special Diet_____

Special Medicine (name it)_____

Is parent/guardian sending special medicine? _____

Swimming_____ Diving_____

Strenuous Activity_____

General Appraisal_____

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in Day Camp/ Year Round After School, Country Camp and Youth Center activities, except as noted above.

PLEASE USE OFFICE RUBBER STAMP

Physician's Name _____ Telephone Number _____ License Number _____

Physician's Signature _____ Date of Examination _____

Address _____ City _____ State _____ Zip Code _____

Harbor Conservatory for the Performing Arts SUMMER INTENSIVE
MEDIA CONSENT FORM

Celebrating 38 years



I hereby consent to the use of my child's name, portrait or picture by Harbor Conservatory for the Performing Arts of Boys & Girls Harbor, Inc., a not-for-profit corporation, for advertising, education, publicity and trade purposes in any and all media, including but not limited to: television, radio, print publication, newspapers and the internet.

Child's Name

Address

() _____

Area Code Telephone #.

Signature of Parent/Legal Guardian

Date

Harbor Conservatory for the Performing Arts SUMMER INTENSIVE
ESCORT PLAN/RELEASE FORM

Harbor Conservatory for the Performing Arts does not provide bus or escort service to and from the school. Parents who have their child/children enrolled in a summer intensive must provide escorts to and from the intensive or sign the attached RELEASE Form.

Student Name: _____ Age: _____
Print

**ESCORT PLAN A:
From home to the Conservatory**

Names: _____ Relationship: _____ Telephone #: _____

Names: _____ Relationship: _____ Telephone #: _____

Names: _____ Relationship: _____ Telephone #: _____

From the Conservatory to home

Names: _____ Relationship: _____ Telephone #: _____

Names: _____ Relationship: _____ Telephone #: _____

Names: _____ Relationship: _____ Telephone #: _____

**ESCORT PLAN B:
Release Form**

I, _____, hereby authorize my child _____
Parent/Guardian's Name (Print) Child's Name (Print)

date of birth, _____, to travel unescorted to and from the Conservatory.

Describe Route: _____

Parent/Guardian's Name (Print) Parent/Guardian's Signature Date

Harbor Conservatory for the Performing Arts SUMMER INTENSIVE
PERMISSION SLIP

I, _____, give my permission for my child
_____ to attend field trips and I will not hold the
Harbor responsible if my child departs from the group on his/her own accord.

I hereby give my permission to Boys Harbor, to give consent on my behalf in the
event of the need for the emergency administration of medical treatment, which Boys
Harbor, in its discretion, believes to be necessary, and I agree to hold Boys Harbor
harmless, and without fault with respect to the exercise of its judgment in this regard.

I further attest that I have disclosed all vital and important health information
(allergies, medications and medical limitations on activities), which would be
necessary for the proper care of my child. I agree to pay for all medical and dental
expenses incurred in the treatment of my child, and I am billable at the address on
this form.

Signature of Parent/Guardian

Date

Print Name

Cell #

Address

Emergency #

Harbor Conservatory for the Performing Arts SUMMER INTENSIVE
PARENT AGREEMENT FORM

As the parent of _____, I am registering my child for the summer intensive of the Conservatory to provide performing arts classes in the disciplines of music, theater and/or dance. Good attendance, timely arrival and being prepared is **CRUCIAL** for my child's participation in Harbor Conservatory for the Performing Arts Summer Intensive Program.

I understand that my child must be in ATTENDANCE for the complete duration of the intensive.

I understand that late arrival and early dismissal is considered an absence.

I understand that the Program Director has the right to dismiss my child from a class if they display excessive inappropriate behavior, disrespect or lack of respect for themselves, instructors or staff.

I understand if the problem persists, I will be notified.

I understand that full participation in the intensive is necessary for my child so that they may receive the full benefit of the classes and the final showcase.

I agree to the following terms and conditions:

1. I agree to inform the Conservatory of any changes in address, home, work, and emergency telephone numbers immediately as these changes occur.

2. I agree to inform the Conservatory of any changes in arrival or dismissal arrangements for my child.

3. I agree to contact the Conservatory by telephone if my child will be late/absent.

4. I agree to provide a daily healthy lunch and snack for my child.

Parent Signature: _____ Date: _____

Harbor Conservatory for the Performing Arts SUMMER INTENSIVE
STUDENT CONTRACT

I, _____ understand that I am undertaking a summer intensive program with a variety of performing arts professionals. I understand that the training that I receive is an invaluable experience, and is preparing me for continued study of my choice. I commit myself to the duration of this intensive. I commit to being present in mind, body and spirit. I commit to being on time, present and prepared for each day and each class. I commit to being respectful to the experience, the profession, the instructors and students. I agree to be open to the knowledge, expertise, technique and experience each instructor has to offer. I also understand that this experience will provide an opportunity to nurture my creative sense.

Student Signature

Date