



Dates:

June 17th-21st 2019

June 24th-28th 2019

July 8th-10th 2019

Location:

Wesley College

Malmburg Hall

120 North State Street

Dover, DE 19901

Fashion Camp is a program sponsored by Great Taste Design Company that provides girls ages 7-13 sewing, design, leadership, and life skills. Each day of camp offers participants a variety of opportunities to create, discover, and increase skills in an all-girl format. Participants have the opportunity to design and produce several take home projects.

Dover Summer 2019 Design Program Application

Child's Last Name: _____ First Name: _____ Grade: _____ Age: _____ Race: _____

Address: _____
Street Apt #

City: _____ State: _____ Zip Code: _____

Parent/ Guardian: _____ Relationship: _____ Work # _____

Email Address: _____ Cell# _____

Emergency Contacts: (MUST BE AVAILABLE TO PICK-UP IF PARENTS CAN NOT BE REACHED)

NAME: _____ RELATIONSHIP _____ NUMBER _____ (H)

NUMBER _____ (W)

NUMBER _____ (C)

NAME: _____ RELATIONSHIP _____ NUMBER _____ (H)

NUMBER _____ (W)

NUMBER _____ (C)

TRANSPORTATION IS NOT PROVIDED. GUARDIANS ARE RESPONSIBLE FOR PARTICIPANTS TRANSPORTATION TO AND FROM CAMP. BEFORE AND AFTER CARE IS PROVIDED AT ADDITIONAL COST.

TIMES

FASHION CAMP 9:00AM-4:30PM

EXTENDED DAY 4:30PM-5:30PM

Please note the following forms must be filled out and returned along with payment before registration is complete.

- ☐ Parent Questionnaire
- ☐ Photo/ Video Release Form
- ☐ Waiver Of Liability
- ☐ Waiver Of Lost or Stolen Items
- ☐ Health History
- ☐ Medical Release Forms

Lunch is not provided. We ask that each participant bring a bag lunch to camp.

Afternoon snacks will be provided. Students are should bring their own snack if there are food allergies.

All checks must be made payable to: Great Taste Design Company

Refund Policy

Refund requests must be received fifteen days before the first day of camp. In the event that a **participant must be dismissed from the program, with the exception of a certifiable illness, NO refunds will be granted.**

Parent Signature

Date

Registration documents can be emailed to: camps@greattastedesign.com and payments via pay pal option on website www.greattastedesign.com .

Or

Mail to: Great Taste Design Company
Attn: Camp Registration at
PO BOX 52
Magnolia, DE 19962

****Seats are limited so early registration is encouraged****

Parents/Guardians registering for multiple weeks can contact us to arrange payment schedule.

Camp Week	Dover Location: Malmburg Hall	
June 17 th -21 st	____\$175 Just Camp 9:00 am- 4:30 pm	____\$200 Camp + Extended Day 9:00 am- 5:30 pm
June 24 th -28 th	____\$175 Just Camp 9:00 am- 4:30 pm	____\$200 Camp + Extended Day 9:00 am- 5:30 pm
July 8 th -12 th	____\$175 Just Camp 9:00 am- 4:30 pm	____\$200 Camp + Extended Day 9:00 am- 5:30 pm

Waiver Of Lost Or Stolen Items

Personal electronic devices (i.e. cell phones, laptops, gaming systems etc. and other valuable items are the not recommended for camp. In the event a camper brings them, the camper is solely responsible for their whereabouts. In the event that items are lost or stolen Great Taste Design Company and New Castle County will not be held responsible.

Parent Signature

Date

Parent Questionnaire

Please answer the following questions about your child. Answering these questions helps our staff get to know your child better prior to the start of Camp.

1. What are some of your child's greatest characteristics?

2. What characteristics would you like to see more of in your child (if any)?

3. Please list (if applicable) any physical restrictions or limitations (including allergies) that the camp should be made aware.

4. Does your child take prescribed medication? If yes, is it self-administered, please describe.

5. Is your child a return camper?

6. If not, does your child have sewing experience? Please describe. _____

7. How did you hear about us?

_____ Newspaper ,which one _____

_____ Flyer

_____ Childs School: School Name _____

_____ Camp Fair

_____ Social Media: Which One _____

_____ Word of Mouth

_____ Other: Please Explain _____

**WAIVER OF LIABILITY
&
INDEMNIFICATION AGREEMENT**

By signing below I agree to all of the following:

1. I am the legal parent or guardian of the participant.
2. The student will be attending fashion camp hosted by Great Taste Design Company LLC.
3. I am aware that some of the activities of fashion camp involve using equipment (i.e. sewing machines, sewing needles, scissors, etc.) that can cause injury.
4. I understand that it is my responsibility to decide if the student is qualified to participate in the activities and I assume all risks and accept personal responsibility for any potential damages arising from her participation during classes and activities.
5. I will instruct the student to carefully listen to and follow all safety and other instructions given by camp staff and to inform camp staff if she is in any way unsure of how to use specific equipment.
6. If the student is injured in any way during a camp session and I am not present, I give my consent to have camp staff or medical professionals help in the way they see fit (this includes arranging for emergency transportation to the hospital). I'm aware that the cost of any medical transportation or assistance will be my own responsibility.
7. I agree to hold harmless Kent County Parks & Rec., Great Taste Design Company, Wesley College and all of their staff for any issues or injury that arise from my child participating in fashion camp activities.

Print Childs Name

Print Parent/Guardian Name

Parent Guardian Signature

Date

Fashion Camp

Photo/ Video Release Form

Please fill out **one** of the following options and complete with your signature.

Option 1

I, _____, am the legal guardian of _____ and grant Great Taste Design Company permission to use photos or video footage with my child's images in any public relations materials.

The parent/guardian understands that your signature under option 1 releases Great Taste Design Company And its volunteers, agents, employees, licenses, and assigns from all claims which you or your child(ren) may have for any cause of action arising out of the taking and/ or use of photography and or sound/image recordings as described.

Print Child's Name

Print Parent/Guardian Name

Parent Guardian Signature

Date

Option 2

I, _____, do not give Great Taste Design Company permission to use photos or video footage with my child's image in any of its public relations materials.

Print Child's Name

Print Parent/Guardian Name

Parent Guardian Signature

Date

Health History & Medical Release Form

The following information is confidential and will not be shared with other program participants

Applicants Name: _____ Birth Date _____

Home Address: _____

Street Name

Apt. #

City

State

Zip

Allergies

_____ No known Allergies

_____ Food

_____ Medicine

_____ Environmental (pollen, dust, grass etc)

_____ Other

If your child has allergies, please describe the reaction and most recent allergic reaction occurrence.

Prescribed medication and dosage amounts.

Date of last Tetanus (DPT): _____ OPV: _____ MMR: _____ HIB: _____ HepB: _____ Varicella: _____

The Delaware Division of Public Health requires that the above vaccination dates be kept on file for all students. Students cannot register without updated medical information.

Medical Insurance Information

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone# _____

Family Doctor Name _____ Family Doctor Phone # _____

Emergency Procedures

When an accident or injury occurs to a child during the hours of care, the staff will take the necessary action to protect the child from further harm. Our policy is to first contact the parent and the doctor of the child.

If the parent and the doctor cannot be reached, the staff will call the emergency contact person listed in the child's file. If we are unable to make any of the above contacts and the child is in need of emergency medical treatment we will then call 911 to receive the proper care for your child. Great Taste Design Company & Newcastle County Activity Centers do not carry a health insurance policy for children. It is the responsibility of the parent to have health insurance for their child.

As the guardian of _____, by signing below, I agree to the emergency procedures and insurance
(Print Child's Name)

information described above.

Parent Signature

Date