

# Workshop in the Woods Application

Name \_\_\_\_\_ Age \_\_\_\_ M/F Entering Grade 9/08 \_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Telephone (daytime) \_\_\_\_\_ Telephone (evening) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Complete Address \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ School \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Telephone \_\_\_\_\_

Insurance (Company and Policy #) \_\_\_\_\_

Allergies, medical or behavioral conditions \_\_\_\_\_

Session: July 7-18 \_\_\_\_\_ July 21 - August 1 \_\_\_\_\_ T-shirt size: Youth or Adult  
(circle size) S M L XL

Cost per child: \$475 per session when payment received by April 1, 2008

\$500 per session when payment received after April 1, 2008

Amount Enclosed \_\_\_\_\_

Return completed application and make payment to: Workshop in the Woods  
Director: Stacey Fix  
2 Silverledge Road  
Newbury, MA 01951

Registration and payment must be received by June 1, 2008. Should your session be filled before receipt of your application, your name will be placed on a waiting list. Acknowledgement of your registration will be mailed to you. \*Financial aid scholarships are available. Please call for details.

**Terms of Agreement:** Workshop in the Woods program directors reserve the right to refuse admission to, or request withdrawal of any camper as they deem necessary. The use or possession of tobacco, alcohol, or illegal drugs, or any behavior which in the opinion of camp officials, violates any criminal statute of the state or rule or regulations of the Program is cause for dismissal.

There is no tuition reduction for late arrival, nor is there tuition refund for early departure or dismissal. Program is not responsible for lost or damaged personal property. Permission is granted to have my child's photo used for publicity purposes. In the event I cannot be reached in an emergency while my child is under program supervision, I hereby give permission to the physician selected by the program directors to administer proper emergency treatment for my child.

Parent or Legal Guardian, Signature \_\_\_\_\_