

Minds in Motion

Summer Camp

*Moving to Learn; Learning to Move
Held at 4100 Red River, Austin, TX 78751*

Name of Student _____

Parents _____

Address _____

Phone: Home _____ Cell _____ Other _____

Emails _____

Allergies/Food Allergies _____

Food Preferences/Non-preferences (i.e. no dairy, no meat) _____

Tuition: Please send to: Minds in Motion, 6113 Smith Oak Trail, Austin TX 78749

One Session:	<u>Please Circle Session Preference:</u>	<u>July 7 - 18</u>	<u>July 21 – August 1</u>
Before April 4	\$420	Art & Invention	Sound & Silence
After April 4	\$480	For 2 payments: \$250 Deposit, \$250 due by May 1	

Two Sessions:
Before April 4 \$820
After April 4 \$940 For 2 payments: \$500 Deposit, \$460 due by May 1

- If your registration arrives after April 4 and the camp is full, we will contact you and return your payment. Your child's registration will be complete upon receipt of final payment.
- More camp information will be sent to you a week prior to camp.
- Additional forms may be needed.
- For you to cancel, the deadline is May 1. A refund will be given, minus \$100 for registration processing.

Liability Release and Tuition Agreement:

I am the parent of _____ ("my child") who I would like to attend the Minds in Motion Camp, June 2008. I understand that there will be physical activities that could result in injury. By signing this form, I agree to release Minds in Motion Camp, its associates and volunteers from any and all liability connected with the program. I agree to allow Minds in Motion Camp to photograph and/or videotape my child for educational and promotional purposes without compensation to my child or to me. In case of any accident, I have left my emergency contact information. If I cannot be contacted, I allow persons associated with Minds in Motion Camp to choose the proper medical treatment necessary.

Parent Signature _____ Parent (Printed) Name _____

Emergency Contact _____ Home _____ Cell _____

For more info: Call 300-4696 or email mindsinmotion@earthlink.net