



Ai Studios LLC
www.aistudios.net

973 – 257 – 1500
aistudios@optimum.net

Summer Camp Enrollment Application

Please complete all fields on both sides

PLEASE TYPE IN OR PRINT CLEARLY

Student Name: _____ Sex: _____
Grade Level: _____ Birth Date: _____
Home Address: _____
Parent Email Address: _____
Home Phone: _____
Parent /Guardian Name: _____ Contact #: _____
Parent/Guardian Name: _____ Contact #: _____
Individuals authorized to pick my children up: _____

MEDICAL HISTORY Please provide details where requested, or indicate "None" or N/A:

Please list any FOODS that your child is allergic to: _____
Please list any other allergies / sensitivities we should know about: _____
Does your child carry an EpiPen or other type of medication treatment for the above allergies? _____
Does he/she know how to administer this treatment? _____
Is your child currently on medication that will need to be taken during program hours? _____
If yes, please list medications and scheduled times: _____
Does your child have any medical conditions, dietary or special needs that we should be aware of if care is needed?

ACKNOWLEDGMENT OF RISK AND CONSENT FOR MEDICAL TREATMENT

I, the undersigned, hereby acknowledge that certain risks of injury are inherent to any children’s program, including but not limited to participation in classroom, recreational activities, sporting activities, lesson/laboratory experiments, transportation to, from the program, child’s failure to follow instructions of supervisors, communicable illness, and independent acts of third parties not under the control of supervisors. I acknowledge that all risks cannot be prevented, and assume those beyond the control of the Ai Studios staff. These types of injuries may be minor or serious and may result from one’s actions, or the actions or inactions of others or a combination of both. I will take responsibility to see that my child is prepared for all activities and is in good health each day of the session. I hereby assume all risks associated with participation in Ai Studios programs and agree to hold harmless Ai Studios, its directors, officers, employees, agents, representatives, counselors, volunteers, et al from and against any and all claims, demands, losses or liability of any kind or nature which may arise in connection with injuries suffered to my child while enrolled/participating in their program. In case of medical emergency, I understand that every reasonable attempt will be made to contact me or the emergency contact named below. However, in the event that I or my named contacts cannot be reached, I give my permission to the adults in charge of the programs to secure and receive emergency medical or first aid treatment for my child, including transport via ambulance to a hospital if necessary. I consent to the sharing and release of any medical information listed above with the appropriate staff members of the program and/or medical personnel that may be necessary to ensure the safety and wellbeing of my child. I agree to pay for any charges for emergency medical treatment that are not covered by my personal health insurance. I have read and understand the above informed consent agreement in its entirety and hereby give my consent for my child to participate knowing all of the foregoing.

Parent/Guardian Name: _____
Parent/Guardian Signature: (required) _____
Emergency Contact Name: _____ Contact Number: _____
Relationship to child _____ Date: _____

CLASS SELECTION

STUDENT NAME: _____
 SCHOOL ATTENDING: _____ GRADE LEVEL: _____
 DATES ATTENDING: _____

Class hour	Monday Classes	Tuesday Classes	Wednesday Classes	Thursday Classes	Friday Classes	Tuition Fee:
9-10am						
10-11am						
11-12pm						
12-1pm						
1-2pm						
2-3pm						
3-4pm						
4-5pm						
Supply Fee:						
Total Due:						

PAYMENT OPTIONS:

Checks payable to: Ai Studios, PO Box 33, Towaco, NJ 07082.
 Please submit checks with this application, returned check fee \$35.00

Credit Card (MC, Visa, Amex, Discover) # _____ Exp: _____
 Name on Card: _____ Code: _____
 Signature: _____

The registration and program fee for Ai Studios Enrichment Program is nonrefundable. This payment is due with the completed registration form. There is limited space available in the program. A space is not held or secured until a completed registration form is received with full payments for the classes.

RELEASE OF IMAGES:

I grant my permission for Ai Studios to photograph, videotape, audiotape and/or other media myself or my child during classes, activities, and/or events. The photographs / videos / audios remain the property of Ai Studios and may be used for advertising or promotion in any medium without further compensation. I understand my child will not be identified by name unless I give my express permission.

I hereby waive and release on behalf of myself and my child, any rights to ownership of such images and/or sounds, and any right to inspect and/or approve the finish product or advertising copy in connection therewith:

(Please initial only one of the following)

_____ I have read and **AGREE** to the terms and conditions of this photo, media, and copyright release.

_____ I have read and **DO NOT AGREE** to the terms and conditions and **DO NOT** prefer that my child be photographed or videotaped.

OUR POLICIES:

Tuition must be paid at the time of registration. Any registration form received without the required tuition will be returned and the student will not be registered for classes.

- **Refund Policy:** Refunds will not be given for any reason. Supply fees are not refundable.
- There will be no refunds for any one-evening classes, events, or for trips.
- If Ai Studios cancels a class, the tuition fee will applied to another class, with no monetary refund granted.
- Student absences are non-refundable. The school is not responsible for make-up classes; unless it is due to bad weather (only one make up class will be granted). In these circumstances a make-up class will be available with the discretion of Ai Studios. One make-up class can occur only during the same semester with the same instructor. If students are late for class, there will be no make-up time.
- **Conduct:** We reserve the right to refuse admission or to expel any disruptive student. Cell phone usage is not permitted during class time. Cell phone should be placed on silent or vibrate in the classes. Unregistered children and parents cannot enter class rooms. Children cannot accompany adults to classes - no exceptions.

REQUIRED STUDENT BIO INFORMATION:

(Submitted by the parent with completed registration forms)

Describe your child. Tell what your child enjoys doing (talents, skills, interests, activities, etc.). Also any concerns.

Please fill out and sign the form completely and print.

Then, either email it to: aistudios@optimum.net

or mail the signed form to:

Ai Studios, POB 33, Towaco NJ 07082

Summer Camp Waiver and Release Form

Please read this form carefully and be aware that in signing this form, and in participating in this program, you will be expressly assuming the risk and sole legal liability and thereby waiving and releasing all claims for injuries, damages, or loss that you or your minor child or ward might sustain as a result of participating in activities associated with this program, including any and all unforeseen, inadvertent communicable illnesses, such as COVID-19 or any other illness (Measles, Mumps, Flu, or other). Please sign and email back to AiStudios@optimum.net. By not signing this waiver your child may not participate in the summer camp, by order of the NJ Health Department, unless parent gives written consent otherwise.

Participant (child's) Name: _____

Type of Program: **Summer Day Camp**

Date: _____

ACTIVITIES:

Sewing machine and equipment associated with sewing class, scissors, basketball, baseball, including other outdoor sports, biking, cookware, indoor and outdoor game equipment, inflatable pool, inflatable water slide, inflatable water funhouse, inflatable boat used on the lake, access to swim in the lake, use of water balloons, water balls, hose water, fishing, and fishing equipment, and all other water, indoor/outdoor activities and their needed equipment.

**** YOU MUST SUPPLY YOUR CHILD WITH A LIFE JACKET IN ORDER TO RIDE ON THE INFLATABLE BOAT, ALONG WITH SWIMMING IN THE LAKE. ONE WILL NOT BE PROVIDED FOR THEM. ****

ACKNOWLEDGEMENT AND ASSUMPTION of RISK:

I understand and acknowledge that my child's participation in the above listed program at AiStudios may involve a variety of activities including: indoor and outdoor games, sports, water activities, and other physical activities. I hereby certify by my signature that my child is physically, mentally, and emotionally fit and able to participate in this program. I am aware that the activities in which I am voluntarily engaging my child require that my child be physically, mentally, and emotionally fit and able to participate in this program. Consistent herewith, I assume responsibility for my child's physical fitness and capability to participate and I have taken such steps as I deem are appropriate to assure myself that my child is fit and capable of such participation. I recognize that this is my sole responsibility to accurately and honestly assess my child's physical, mental, and emotional fitness. If, for any reason I have concerns that my child is not capable to participate, I will advise AiStudios and my child will not participate in the activities provided and/or the summer camp program. I understand and acknowledge that, although AiStudios may provide trained instructors and proper equipment, there is an inherent risk of injury, serious or not, or death, when choosing to participate in the above- listed activities at AiStudios. I understand and acknowledge such injuries may include, but are not limited to, sprained joints, pulled muscles, twisted knees or ankles, back strains, shoulder dislocations, neck injuries, skin abrasions and perils not specifically named herein, including any unforeseen and inadvertent communicable illnesses of any type, including COVID-19. I further state that I am cognizant of all inherent dangers of participation and the risks associated with my participations in the above listed program. I understand, accept, and assume those hazards and risks, and waive all claims against AiStudios as set forth below.

RELEASE OR LIABILITY:

I acknowledge that my participation in the programs at AiStudios is an exercise of my own free choice to participate voluntarily, and promise to take due care during such participation. I hereby release and discharge, and agree to indemnify and hold harmless Aistudios and its officers, directors, members, agents, employees, volunteers, and any other persons or entities acting on its behalf, against all claims, demands and causes of action whatsoever, either in law or equity, relating to injury, disabilities, death or other hardships, to a person or property or both, arising from my participation in the AiStudios summer camp program. I also understand that AiStudios does not provide any accident or medical insurance coverage and that I am required to provide my own accident and medical insurance coverage. After careful deliberation, I voluntarily give my consent and agree to this Acknowledgement of Risk and Release of Liability. I acknowledge that I am required to ensure that my child is free of any communicable illnesses before arrival to the summer camp premises.

I (print name) _____ am the parent/legal guardian of the participant listed above. I have read, understand, and agree to the provisions of this Acknowledgement and Assumption of Risk and Release of Liability. I consent to the participant listed above taking part in the activities described above. I hereby release and discharge, and agree to indemnify and hold harmless, AiStudios and its officers, directors, members, agents, employees, volunteers, and any other persons or entities acting on its behalf, against all claims, demands, and causes of action whatsoever, either in law or equity, relating to injury, disability, death, or other harm, to person or property both, arising from my child's/ward's participation in the activities at AiStudios.

Parent Signature: _____

Date: _____