

FIND YOUR VOICE, INC.™

Find Your Voice Summer *Creative Grief* Camp Application

July 16-20th 9:30-3:30pm

7 East 14th Street, Suite 1207, New York, NY 10003

PARENT/GUARDIAN INFORMATION

Applicants Name _____ Female Male Birthdate __/__/__

Grade Entering Fall 2012 _____ School Attending in 2011/2012 _____

Email Address _____ Phone _____

Street Address _____ Apt.____ City _____ State____ Zip _____

Parent/Guardian 2 Name _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian 2 Name _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact _____ Relationship _____ Cell Phone _____

Is your child authorized to travel home alone? Yes No

If not, who is authorized to pick your child up from the workshop? (Please list full name(s) and relationship to camper.)

Any medical, emotional or learning challenges we should know about?

How did you hear about the Find Your Voice *Creative Grief* Summer Program?

Advertising (specify) _____ Word of mouth Poster/Signs on-site Other _____

FIND YOUR VOICE, INC.™

Find Your Voice *Creative Grief* Summer Program Application

July 16-20th 9:30-3:30pm

7 East 14th Street, Suite 1207, New York, NY 10003

PAYMENT INFORMATION

PROGRAM TUITION \$500/week (\$50 Deposit due upon application)

Applying for Scholarship? Yes No

PAYMENT METHOD

Total to be charged \$_____

Cash Check
 Amex Mastercard Visa

Credit Card Number _____ Exp. Date ____/____ CVC # _ _ _

Email address _____

Please fax application to (212) 604-9848, scan and email to info@findyourvoice.us

OR mail to: Find Your Voice, Inc. 7 East 14th St, Suite 1207, New York, NY, 10001

[After submitting your application, someone on the FYV staff will contact you to within 5-7 business days complete your registration.

To register over the phone, call (212) 741-9868.]

Acknowledging that participation in any movement exercise carries with it a risk of physical injury, I agree that Find Your Voice, Inc. its agents and employees shall not be liable to me or my child for any bodily injury or damage, or property damage, howsoever caused, resulting directly or indirectly from my child's participation in the Find Your Voice (FYV) Summer Program at any time preceding, during or after the workshop is in session and I hereby discharge Find Your Voice, Inc., its agents and employees from all actions, claims, and demands I or my child may have for any such bodily injury or damage, or property damage. I authorize that Find Your Voice, Inc. and its licensees have the right to use all photographs or videos taken of my child during camp for advertising or promotional purposes. FYV Summer Program requires my child to meet certain standards of behavior and that if my child fails to behave or demonstrates repeated unsatisfactory conduct, Find Your Voice, Inc. has the right to dismiss my child from the FYV Summer Program, without refund or credit for unused tuition.

Parent/Guardian Signature _____ Date _____

FIND YOUR VOICE, INC.™

Find Your Voice *Creative Grief* Summer Program Application

July 16-20th 9:30-3:30pm

7 East 14th Street, Suite 1207, New York, NY 10003

STUDENT PERSONAL STATEMENT

What would you bring to the group? (ie. team spirit, sense of humor, leadership, sensitive to others, good listener, etc.)

What do you hope to get out of this experience? (ie. improved writing skills, less shy, more confident speaking publicly, more comfortable with self, etc.)

Is there anything else you would like to share about yourself?

FIND YOUR VOICE, INC.™