



Shanelle Gray Studios Camp Registration Form

Legal Name of Child _____

Date of Birth _____ Male _____ Female _____ (check one)

Address _____ City _____

State _____ ZIP _____

Phone Number _____

Email _____

Parent Name _____

Parent Phone # _____

Emergency Contact _____

Emergency Contact Phone Number _____

IMDB INFO (VERY IMPORTANT TO GET THE IMDB CREDIT)

DOES YOUR CHILD HAVE A CURRENT IMDB? YES NO

IF YES: PLEASE LIST THE EXACT NAME ITS UNDER

TWO CREDITS ALREADY ON THE IMDB SO WE DO NOT ADD THE CREDIT TO THE WRONG PAGE

If NO: Please complete the below questions

NAME AS YOU WOULD LIKE IT TO APPEAR ON IMDB (SO YOU CAN CLAIM THE PAGE ONCE WE ARE DONE WITH CREDIT)

***PLEASE NOTE IF YOU DO NOT PROVIDE US WITH PROPER INFO HERE YOUR CHILD WILL NOT BE CREDITED WITH IMDB INFO, IF WE CREDIT THE WRONG NAME AND YOU DIDN'T GIVE CORRECT INFO YOU WILL BE RESPONSIBLE FOR MERGING THE PAGES AND FIXING THE NAME AS WE DO NOT HAVE TIME TO DO SO!**

****PLEASE NOTE IMDB TAKES 6-8 WEEKS AFTER COMPLETION OF THE FINAL FILM IS DONE WHICH TAKES AT LEAST 24 WEEKS AFTER CAMP. SO PLEASE BE PATIENT AS WE HAVE A LOT OF FILMS TO FINISH. WE PROVIDE THE ACTUAL IMDB CREDIT. ONCE WE ESTABLISH THE CREDIT YOU WILL HAVE TO "CLAIM YOUR PAGE" OR YOUR CHILD'S PAGE AND THEN GET YOUR IMDB PRO ACCOUNT WHICH IS A SIMPLE PROCESS THROUGH IMDB.**

CAMP INFORMATION

Location:or Virtual: (Please circle one)

Summer Camp/Winter/Spring or Fall: (Please circle one)

Week/s chosen and location

Actors, writers or directors program?

Directors and writers program must take 2 weeks of camp (\$100 discount on 2nd week of camp)

**Please note if you take more than one week of camp in a year the subsequent camps are discounted by \$100 each additional one.

Once enrolled please send us a picture and a few sentences about you or your child (whomever is enrolled) so we can send to the camp writers for outlines of scripts! Send to coachwithshanelle@gmail.com

COST

Cost for in person: \$650 per week for Los Angeles. There is a \$100 discount for each additional sibling off the total and \$100 off each additional camp if enrolled for more than one week with first camp enrolled in being full price. We offer \$150 off for San Diego residents with utility bill as proof in parents name and \$100 for Orange County residents with utility bill in parents name.

Virtual cost: \$500 per week and \$100 off each additional week. There is a \$100 discount for each additional sibling. We offer \$150 off for San Diego residents with utility bill as proof in parents name and \$100 for Orange County residents with utility bill in parents name.

***Please note once you enroll there is a \$200 non refundable deposit that is charged the moment you enroll. The balance is due the first of the month your camp falls upon.**

Cancellation policy:

4 weeks or under-Full refund

2 weeks or under-50% refund

Under 2 weeks-no refund

HEALTH INFORMATION

The information you provide here will be held in the strictest confidence. It will be kept on file in our health binder or carried by the camp director.

Child's Doctor's Name: _____

Phone Number: _____

Allergies: YES NO

If yes, please describe the severity of the reaction, requested accommodations and what is done to manage them.

_____ **Does your child have any allergic reactions to sunscreen? YES NO May we serve your child food and beverages? YES NO**

Medical, Physical, or Emotional Conditions (Including Disabilities):

If your child does have any conditions, please provide information to assist us in providing the best camp experience for your child.

Medications (including Inhalers): YES NO If your child must take medication while at camp, please note here. All medications must be in their original containers and be appropriately labeled. Please do not give your camper's medication to them to bring to camp; medications must be received and held by the camp office or with the camp director.

AUTHORIZATION OF CONSENT (Print Child's Name) (I)(We), the undersigned parent(s)/guardian(s) of _____, a minor, do hereby authorize any hospital for the undersigned to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code 2000 et. Seq: or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any dentist.

INDIVIDUAL CONTRACT

To the extent allowed by law, I, the undersigned am the parent/guardian of the individual(s) named below, and shall hold harmless, indemnify and defend Shanelle Gray Studios, employees, volunteers and agents/outside service or contractor of each of them from and against any and all liability, loss, damage, expense, cost of every nature, and causes of actions arising out of or in connection with any negligence in the performance of this agreement. It is further understood and agreed that this waiver, release and assumption of risk to be binding on my heirs and assigns. I also release Shanelle Gray Studios and any representative associated with Shanelle Gray Studios of liability for any claims that may arise out of activity-which includes driving. Shanelle Gray Studios also reserves the right to remove participants from the program for any reason. I hereby grant permission to Shanelle Gray Studios to take my child's photo while participating in the activities to use for publicity.

All employees at Shanelle Gray Studios have been live scanned and FBI cleared and every person associated with camp the same.

I have read this entire Informed Consent Agreement. I fully understand it and I agree to be legally bound by it. \$200 non refundable deposit will be charged upon camp booking. This shall not come back to me in the event of any cancellation as this is an administrative fee.

Credit Card Number in FULL

Exp date _____

Zip code _____

Please note there is a 3% cc fee for all credit card purchases. Should you wish to pay with paypal the address is coachwithshanelle@gmail.com or venmo to Shanelle-workman

Parent/Guardian Printed name if under 18 _____

(over 18 student please print yourself)

Parent or Guardian Signature if under 18 _____

(Over 18 student please sign) _____

By my signature I agree to terms and authorize Shanelle Gray Studios to charge my card and understand the conditions and policies
