

Modern Manners Children's Camp 2023, ages 7-12

July 10-14, Mon-Fri

Child's name: _____ D.O.B. _____ Gender: M/F
Mother Name: _____ Mother Phone: _____
Mother email: _____
Father Name: _____ Father Phone: _____
Father email: _____
Home Address _____

Emergency Contacts:

Name: _____ Phone: _____
Name: _____ Phone: _____

CHRONIC HEALTH CONCERNS OR DISEASES: Describe your camper's chronic illness or disease and how you take care of it at home. _____

ALLERGIES: Please describe what this camper is allergic to; describe the reaction; and what is done to manage the reaction. _____

MEDICATIONS: Please inform us if your child takes any medication:

Emergency Consent:

I do hereby give consent for Victoria Orekhov to seek & authorize emergency medical or dental care for my child, _____. I understand that I will be responsible for all medical & dental bills ensuing from any such emergency.

Parent: _____ Date: _____

Parent: _____ Date: _____

Media:

I do hereby give consent for Victoria Orekhov to photograph my child, _____. I understand that these photos may be posted on (camp) website & used in conjunction with promotion & advertising. I also hereby release any rights to said photos.

Parent: _____ Date: _____

Parent: _____ Date: _____

Payment (\$390) can be made by

- 1) sending a check or money order to
Victoria Orekhov
46611 Jefferson Drive
Sterling, VA 20165

- 2) Paypal- <https://paypal.me/modmanners>

- Please note, a Paypal transaction fee of \$14.61 will be applied to Paypal payments

Please send this form to ModMannersDC@gmail.com.

Application is complete when form and payment are received.