



ITA 2012 SUMMER CAMPS: REGISTRATION FORM

THEATER ARTS CAMP

Student Name _____

Gender: M F Date of Birth (month/day/year) _____

THEATER ARTS CAMP: CHOOSE WEEKS FOR PARTICIPATION

- June 11-15
 June 18-22
 June 25-June 29
 July 2-6
 July 9-13
 July 16-20
 July 23-27

Theater Arts Camp \$290 per week Number of weeks _____ x \$290 per week = TOTAL \$ _____

GUARDIAN INFORMATION

Guardian Info 1: Mother Father _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Primary E-mail _____

Guardian Info 2: Mother Father _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Primary E-mail _____

BILLING INFORMATION

Billing Name _____

Address (if different than above) _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

How did you hear about ITA? _____

METHOD OF PAYMENT (Include your payment with enrollment form.)

All fees are non-refundable. A \$25 fee will be imposed for returned checks. Financial aid is available to those who qualify; please request an application.

Circle Payment Type: Check (payable to MIC) Visa/MasterCard/Discover/American Express

Card Number _____ Exp _____ CSV Code _____

PLEASE SEND COMPLETED APPLICATION TO:

Institute for Therapy through the Arts
2008 Dempster Street
Evanston, IL 60202

Questions? 847.425.9708

Fax: 847.425.9728



INSTITUTE FOR THERAPY THROUGH THE ARTS/MUSIC INSTITUTE OF CHICAGO PAYMENT RESPONSIBILITY

I understand that fees for individual and group therapy sessions are billed monthly and are payable in full upon receipt of my statement. If I intend to have a third party reimbursement entity such as insurance, trust agreements, custody settlement, or other family member make payments for fees incurred, I understand that the fees incurred remain my responsibility until paid in full. If a third party payer does not or refuses to make payments, I am ultimately responsible for payment in full. I also understand that I may apply for financial aid but that it may or may not be awarded to me. I also understand that I may be charged a finance fee for seriously overdue charges.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE PAYMENT DETAILS, AND AGREE TO PAYMENT FOR ALL FEES INCURRED. I SO SIGNIFY BY AFFIXING MY SIGNATURE BELOW ON THIS FORM.

SIGNATURE _____ **DATE** _____

IMPORTANT - PLEASE READ!

In commencing services for yourself for participation in sessions at the Institute for Therapy through the Arts, you acknowledge you will be waiving and releasing all claims for injuries you might sustain arising out of these services.

To wit:

I recognize and acknowledge that there are certain risks of physical injury to participate in sessions at the Institute for Therapy through the Arts, and I agree to assume the full risk of any such injuries, damages, or loss regardless of severity which I may sustain as a result of participating in any activities connected or associated with any such services. I waive and relinquish all claims I may have against the Institute for Therapy through the Arts, the Music Institute of Chicago and its officers, agents, servants, and employees as a result of participating in any of these services. I hereby fully release and discharge Institute for Therapy through the Arts, the Music Institute of Chicago and its officers, agents, servants, and employees from any and all claims from injuries, damage or loss which I may have or which may accrue to me on account of my participation in any of these services. I further agree to indemnify and hold harmless and defend the Institute for Therapy through the Arts, the Music Institute of Chicago and its officers, agents, servants, and employees from any and all claims from injuries, damages and losses sustained by me, and arising out of, connected with, or in any way associated with the services rendered in any session.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE SERVICE DETAILS AND WAIVER, AND RELEASE ALL CLAIMS. I SO SIGNIFY BY AFFIXING MY SIGNATURE BELOW ON THIS FORM.

SIGNATURE _____ **DATE** _____