

Exploring Fashion Fashion Camp for Spring Break

Spring 2012

Welcome to **Exploring Fashion** – Fashion Camp. Students will spend the week delving into the exciting world of fashion and design. In this field trip based camp, students will visit the workshops of local fashion designers in San Francisco and the East Bay, go shopping for design inspiration and visit a museum curated, fashion exhibit. We will investigate color theory, make inspiration boards and watch fashion films.

Each camp day will be a little different, spending part of the day working on design exercises and part of the day in field trips or watching a fashion related film. Students will be introduced to different careers in the fashion industry and will examine the varied experience of a life in fashion. We will explore concepts from the mundane to the couture and many things in between.

Students should bring a sac lunch daily. Snacks will be provided morning and afternoon. Cost of camp includes sketchbook, transport to and from daily field trips from home base, entrance to the museum and the rich experience of meeting real life designers in their working environment.

April 2nd-6th or April 9th – 13th Ages 9 & up \$500/week

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REGISTRATION FORM Spring 2012

STUDENT INFORMATION (please print)

Full name: _____ Date of Birth: ____-____-____ Age: ____

Address: _____ Apt.: _____ City: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ x _____ Cell Phone: (____) _____

Student E-Mail: _____

Billing E-Mail: _____

How You Heard About Us: _____

PARENT/GUARDIAN #1

Full Name: _____

Home Phone: (____) _____ Work Phone: (____) _____ X _____ Cell Phone: (____) _____

E-Mail (if different from above): _____

PARENT GUARDIAN #2

Full Name: _____

Home Phone: (____) _____ Work Phone: (____) _____ X _____ Cell Phone: (____) _____

E-Mail (if different than above): _____

EMERGENCY CONTACT

Full Name: _____

Home Phone: (____) _____ Work Phone: (____) _____ X _____ Cell Phone: (____) _____

Physician Name: _____ Phone: (____) _____

Dentist Name: _____ Phone: (____) _____

Insurance Carrier: _____ Plan no. _____

REGISTER MY CHILD FOR THE FOLLOWING SESSIONS:

Week One – April 2nd- 6th Ages 9 & up \$500/week _____

Week Two– April 9th-13th Ages 9 & up \$500/week _____

\$50 discount for early registration received before January 30th 2012

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POLICIES AND PROCEDURES Spring 2012

Registration: Please send completed registration form along with camp fee (for each session) to:

Jennifer Serr
1375 Fountain Street
Alameda, CA 94501

Payment of Fees: \$50 non-refundable deposit due at registration. Balance is due two weeks prior to the beginning of camp.
We accept cash, checks or credit cards (Visa or MasterCard). There will be a convenience fee of \$5 added to credit card transactions

Care of Students: Exploring Fashion and it's instructors are not responsible for providing before or after class care for students. Parent or Guardian is required to pick student up no later than 3pm of each class day.

Injuries: Parents, legal guardians of minors, students and adult students waive the right to any legal action for any injury sustained on or around property resulting from any activity conducted by the students before, during, or after class time.
While there is risk of injury while using some of the equipment, such as sewing machines, scissors and hot irons, there will be constant monitoring of the students and we will go over safety procedures each morning.

Photo Release: Sewing Camp and its instructors are hereby granted permission to take photographs of the students to use in brochures, web sites, posters, advertisements and other promotional materials the school creates.

Driver Permission: _____ (student name) has my permission to be driven to and from camp home base and/or field trips by Jennifer Serr or one of her camp counselors. Driver's license, vehicle registration and insurance information given upon request.

Permission for Emergency Medical Treatment: In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Jennifer Serr and/or her employees to seek treatment for my child and/or dependent minor by a licensed physician pursuant to California Family Code Section 6910 and California Civil Code Section 25.8. I know of no reason(s) why my daughter/dependent may not participate in prescribed. If permission for emergency medical treatment is not given, please prepare a signed statement providing the reason, a release of liability, and alternate instructions and attach to this form.

I have read and understand the above policies and procedures and agree to abide by them

Student Name (please print)

Signature of Parent/Guardian

Date

Date