

The Music School of Wilmington
2009 Summer Music Day Camps

Complete and mail to
6624 Gordon Road, Suite A, Wilmington, NC 28411

Registration form:

One camper per form

Camper full name: _____ Nickname: _____

School Grade Fall 2009: _____ Date of Birth: _____

Check camp session you wish to attend: all camps are 9:00 am – 12:30 pm

Jam Rock DAY CAMP - \$300.00

- Camp 1: July 6 – 10 [Ages 10 – 12]
- Camp 2: July 27 – July 31 [Ages 13 and up]

THE NEXT TEEN IDOL DAY CAMP - \$300.00 *10% discount for siblings*

- Camp 1: June 22 – 26 [Ages 9 – 13]
- Camp 2: July 20 – 24 [Ages 14 and up]

Lee Venters 1st Annual Drum day camp - \$300.00

- Beginners Camp: June 15 – 19
- Intermediate/Advanced Camp: July 13 – 17

Campers should be dropped off at 8:45 am and picked up promptly at 12:30 pm each day.

In order to secure your spot, a 50% non-refundable deposit must be received by May 14th.

The balance of the tuition is due no later than May 22.

There is a \$20.00 fee for payments not completed by May 22RD deadline.

WE ACCEPT PERSONAL CHECK, CASH, VISA AND MASTER CARDS

Card Type: _____ Number: _____ Amount: _____ Exp. Date: _____

Name As It Appears On Card: _____ Signature: _____

You may also pay by phone. Call MSW at (910) 350-3170

There will not be refunds for last minute cancellations due to sickness, vacations or no shows.

Address: _____ City: _____ State: ____ Zip Code: _____

Email Address: _____

Parent/Legal Guardian: _____ Phone: _____ Cell: _____

- Must give a number to contact Parent/Guardian, if necessary, during time of Camp -

Emergency Contact Person: _____ Phone: _____

MEDICAL INFORMATION

Please list significant medical information applicable to allergies, nervous disorder, heart trouble, diabetes, epilepsy, prescription drug, etc.

Please list any regular medication or prescription medicine that the student is currently taking, or medication that is necessary for any condition which he/she might have.

LOSS/DAMAGE ACKNOWLEDGEMENT

I will reimburse The Music School of Wilmington for any damage to school property or loss of school property for which the above named student is deemed responsible. Please sign below hereby agreeing to the above stated conditions.

PHOTO RELEASE

I hereby consent that any likeness relating to photograph(s) or digital replications of myself and/or my child and/or my property may be used or displayed by The Music School of Wilmington with or without my name, for editorial, marketing, or advertising purposes, either in printed or electronic (website) form, without any restrictions.

All photographs become the property of The Music School of Wilmington. By your signature below, you acknowledge and agree that The Music School of Wilmington may reproduce the same and all photographs may be displayed at The Music School of Wilmington's discretion in printed or digital format.

By signing this agreement below, the undersigned acknowledges that he/she has read all the Terms and Policies set forth herein and accepts all the Terms and Policies by which this agreement binds and obligates both parties.

Signature of Parent or Legal Guardian:

Printed name of Parent or Legal Guardian:

Date: _____

AUTHORIZATION FOR MEDICAL TREATMENT

The undersigned Parent or Legal Guardian of the student named hereon agrees that in the event of an emergency illness or accident that a licensed Medical Doctor and/or Emergency Medical Technician shall be authorized to administer medical or surgical treatment deemed necessary for the emergency treatment of the student. Parent or Legal Guardian will be notified immediately, or Emergency Contact if Parent/Legal Guardian cannot be reached.

The Music School of Wilmington is not responsible for any medical expenses due to illness or accident.

In the event the child has to be transported by medical personnel to New Hanover Regional Medical Center, the hospital requires the following information from the Parent(s) or Legal Guardian:

1. A copy of their current Insurance Card

2. The Parent's or Legal Guardian's full name(s)

3. Address

4. Parent's or Legal Guardian's Age(s)

5. Phone number(s)

Signature of Parent or Legal Guardian: _____

Printed name of Parent or Legal Guardian: _____

Date: _____

TO SAFEGUARD YOUR PRIVACY, THIS COMPLETED FORM WILL BE PLACED IN A SEALED ENVELOPE AND SECURED. IT WILL ONLY BE RELEASED TO MEDICAL PERSONNEL IN THE EVENT OF ILLNESS OR ACCIDENT.