



## 2011 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: \_\_\_\_\_ Currently Enrolled at MSW \_\_\_\_\_

School Grade Fall 2010: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Jam Rock DAY CAMP - \$300.00  
10 – 12]

Camp 1: June 20<sup>th</sup> – 24<sup>th</sup> [Ages

- Camp 2: July 18<sup>th</sup> – 22<sup>nd</sup> [Ages 13 and up]  
 Camp 3: August 8<sup>th</sup> – 12<sup>th</sup> [Ages 13 and up]

INSTRUMENT: \_\_\_\_\_  
PLAYED HOW LONG: \_\_\_\_\_

THE NEXT TEEN IDOL DAY CAMP - \$300.00

*10% discount for siblings*

- Camp 1: June 13<sup>th</sup> – 17<sup>th</sup> [Ages 10 and up]  
 Camp 2: July 11<sup>th</sup> – 15<sup>th</sup> [Ages 10 and up]

Lee venters 2<sup>nd</sup> annual Drum day camp - \$300.00

- Beginners Camp: June 27<sup>th</sup> – July 1<sup>st</sup>  
 Intermediate/Advanced Camp: July 25<sup>th</sup> – 29<sup>th</sup>

Rock Boot Camp - \$300.00

- August 1<sup>st</sup> – 5<sup>th</sup>

The “Real” Guitar Hero - \$150.00 (camp times are 1:00 -2:00pm)

- July 25<sup>th</sup> – 28<sup>th</sup>

**Campers may be dropped off at 8:50am and must be picked up promptly at 12:10 pm each day.**

**All summer camps will have a \$25.00 registration fee**

**In order to secure your spot, a 50% non-refundable deposit must be received by May 16<sup>th</sup>.**

**The balance of the tuition is due no later than May 31<sup>st</sup>**

**There is a \$20.00 late fee for payments not completed by May 31<sup>st</sup> 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 with a card by phone. Call The 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.

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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.

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### 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.