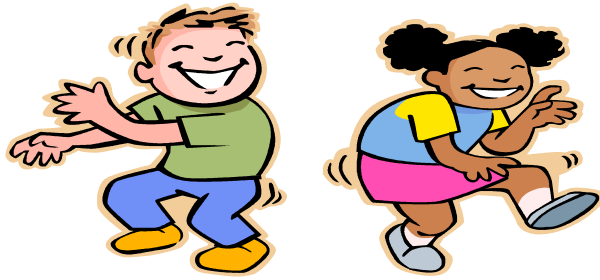


# Music Camp 2017 Registration



**July 31 - August 3**

Monday - Wednesday 9 am - 2 pm

Thursday 9 am - 12 pm

**(Print & Complete ALL info)**

Name of Participant (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_  
Age \_\_\_\_\_ Last Grade completed in School \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Relation \_\_\_\_\_  
Daytime Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_

Student T-Shirt size (Please select one.)

\_\_\_\_ Youth small; \_\_\_\_ Youth medium; \_\_\_\_ Youth large; \_\_\_\_ Youth XL

**Scholarship: Apply at the Bosque Arts Center office (July 24<sup>th</sup> deadline)**

- Monday - Wednesday: Please wear tennis shoes and bring a sack lunch and drink.
- Thursday: Morning snack will be provided.
- Thursday, August 3rd at Noon: Program for parents and guests (Please wear camp t-shirt, jeans and tennis shoes.)

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## Release

I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_ and hereby give my permission for:

- 1) instruction from the Bosque Arts Center and agree to hold the Bosque Arts Center or instructors harmless from any injuries arising out of said instruction, other than injuries caused by gross negligence of the Bosque Arts Center. In the event of an accident and/or illness, I authorize the Bosque Arts Center or one of its employees or the instructor to seek medical attention and I will assume all expenses incurred.
- 2) a field trip across the Bosque Arts Center Parking Lot to visit and perform at the Lutheran Sunset Nursing on Wednesday, August 2<sup>nd</sup>.
- 3) photographs including my child participating in activities that may be used for publicity purposes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Emergency Phone Number (other than parent) \_\_\_\_\_ Name \_\_\_\_\_

Release Form

Special Instructions: \_\_\_\_\_  
(nose bleeds, allergies, special needs etc.)

Physician: \_\_\_\_\_ Phone \_\_\_\_\_