

# Music Camp 2018 Registration



**July 30 - August 2**

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 \_\_\_\_\_

## **Music Camp Tuition: \$50**

**Scholarship: Apply at the Bosque Arts Center office (July 23<sup>rd</sup> deadline)**

- Monday - Wednesday: Please wear tennis shoes and bring a sack lunch and drink.
- Thursday: Morning snack will be provided.
- Thursday, August 2nd at Noon: Program for parents and guests

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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 1st.
- 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 \_\_\_\_\_