

BOSQUE ARTS CENTER

# MUSIC CAMP

Monday, July 21 – Thursday, July 24, 2025

9 a.m. to 2:00 p.m. daily, Thursday, 9 a.m. to Noon.

**\$90 per student**

**For children who have completed 1<sup>st</sup> grade through 6<sup>th</sup> grade**

Student's Name \_\_\_\_\_ ☐ Male ☐ Female

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Student's DOB \_\_\_\_\_ Student's Age \_\_\_\_\_ Grade Completed \_\_\_\_\_

Student's Interest/Hobbies \_\_\_\_\_

**Registration deadline is Friday, July 1, 2024. Sorry, no refunds after Friday, July 8, 2024.**

Fee includes enrollment, supplies, and daily snack. Students must provide their own sack lunch and drink.

## **Release Form**

I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_  
a child under the age of eighteen and I hereby give my permission for said child to take instruction from the Bosque Arts Center and agree to hold the Arts Center or instructors harmless from any injuries arising out of said instruction, other than injuries caused by gross negligence of the Arts Center. In the event of an accident and/or illness, I authorize the Arts Center or one of its instructors or employees to seek medical attention and I will assume all expenses incurred.

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
(nose bleeds, allergies, physical disorders, etc.)

Emergency Number \_\_\_\_\_ Relationship \_\_\_\_\_  
(home, work, cell)

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

Photographs including my child participating in activities  
may be used for publicity purposes.

YES ☐

NO ☐

**Make Checks to: BOSQUE ARTS CENTER, P.O. Box 373, Clifton, Texas 76634**  
**Scholarship information available upon request. CALL (254) 675-3724 For More Info.**