

# Boyerstock 2018 Student Registration Form

## Musicians Information

Name First/Last \_\_\_\_\_ Grade \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone # \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

School Music Teacher \_\_\_\_\_

Instrument #1 \_\_\_\_\_ Instrument #2 \_\_\_\_\_

Circle Activity for Session 2 \_\_\_\_\_ Bucket Drums or Ukulele

Circle Activity for Session 3 \_\_\_\_\_ Yoga Or Youth Chorale

Circle Activity for Session 4 and 5 \_\_\_\_\_ Jazz Band Or Chamber Orchestra

## Parent/Guardian- Contact Information

Names First/Last \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone 1 \_\_\_\_\_ Cell Phone 2 \_\_\_\_\_

## Emergency Contact Information- Alternate Pickup/Release

### ***Emergency Contact #1***

Name First/Last \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relation to Child \_\_\_\_\_

### ***Emergency Contact #2***

Name First/Last \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relation to Child \_\_\_\_\_

Please list other people in addition to parent/guardian who will have permission to pick up your child.

1: \_\_\_\_\_ 2: \_\_\_\_\_

**Confidential Medical Information**

Please list any medical issues that we need to be aware of:

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Does your child have any allergies?

Yes\_\_ No\_\_ If yes, explain:

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**Photo Release**

I hereby give permission for my child to be photographed during the **Boyerstock 2018 Music Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, all photos are the property of **Boyerstock 2018 Music Camp** and its affiliates.

Parent's/Guardian's Signature \_\_\_\_\_

Tuition: Registration Fee Due June 22nd \$289.00

Early Registration Fee Due June 1st \$264.00

Additional siblings come for free.