

Summer Camp Registration Form

Student's Name _____ Date _____

Age _____ Birthdate ____/____/____ Grade as of June 1, 2013 _____

Academic School _____

Parents' Names _____

Caregiver _____

Address _____

Home Phone _____ Cell _____

Caregiver cell _____

Email Address _____

silvermusic class experience _____

Other music class experience _____

For String and Chamber Camp only

Instrument _____

Private music teacher _____

Length of time studying instrument _____

Latest polished piece _____

Please send complete application and release form along with your \$50 deposit for each week of camp your child will attend to:

**Silver Music
3117 Broadway #44
New York, NY 10027**

Emergency/Medical Information

Name of person to be contacted if parent/guardian is unavailable

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Phone #1

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Phone #2

Pediatrician

Address

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Phone

Indicate any medical conditions, allergies or special needs your child may have:

I give permission for my child to participate in all activities and field trips as part of Silver Music Summer Camp. In the event of an emergency or the unavailability of a parent or designee, I give consent for Silver Music to take whatever actions it, in its discretion, deems necessary for the health of my child, including without limitation obtaining first aid by emergency medical services personnel and/or transporting my child to receive emergency care.

X _____
REQUIRED Signature of Parent or Guardian Date

Photography Release

Silver Music arranges to have classes, lessons, concerts, and events photographed for marketing and promoting the school. By signing below, I give Silver Music my permission to use photographs of my child, myself and/or other adults accompanying my child, for promotional purposes in brochures, the school's website, and other promotional and educational materials produced, used by and representing Silver Music. I understand there will be no compensation to me for this use.

X _____
REQUIRED Signature of Parent or Guardian Date