

Summer Music Camp 2019

☐ *Session I: July 8th – July 19th* ☐ *Session II: July 22nd - August 2nd 2019*
☐ *Session I&II: July 8th - August 2nd 2019*

REGISTRATION FORM

Please print clearly. A non-refundable deposit/application fee of \$50.00 must accompany this application.

CAMPER'S GENERAL INFORMATION

NAME (LAST, FIRST, MIDDLE INITIALS)		
BIRTH DATE (MM/DD/YY)	AGE	INSTRUMENT OF CHOICE: (VIOLIN, VIOLA, CELLO, BASS HARP)
STREET ADDRESS	CITY, STATE, ZIP	HOME PHONE (XXX-XXX-XXXX)
DO YOU ALREADY PLAY AN INSTRUMENT? _____ IF YES, WHAT INSTRUMENT DO YOU PLAY? _____	HOW MANY YEARS HAVE YOU PLAYED YOUR LISTED INSTRUMENT? _____	
DOES CAMPER LIVE WITH: ____ BOTH PARENTS ____ FATHER ____ MOTHER ____ LEGAL GUARDIAN	HOW DID YOU HEAR ABOUT FOUR STRINGS ACADEMY? _____	

PARENT/GUARDIAN INFORMATION

MOTHER'S FULL NAME			
STREET NAME & NUMBER		CITY/PROVINCE	POSTAL CODE
HOME PHONE	WORK PHONE	EXTENSION	CELL/PAGER
EMPLOYER NAME & LOCATION			PRIMARY EMAIL ADDRESS
FATHER'S FULL NAME			
STREET NAME & NUMBER		CITY/PROVINCE	POSTAL CODE
HOME PHONE	WORK PHONE	EXTENSION	CELL/PAGER
EMPLOYER NAME & LOCATION			PRIMARY EMAIL ADDRESS

EMERGENCY CONTACTS & INFORMATION (IN CASE YOU CANNOT BE REACHED)

PRIMARY EMERGENCY CONTACT'S NAME	PHONE	RELATION TO CAMPER
SECONDARY EMERGENCY CONTACT'S NAME	PHONE	RELATION TO CAMPER

Financial Aid

DO YOU WISH TO BE CONSIDERED FOR FINANCIAL AID? <div style="text-align: center;"> ____ YES ____ NO </div>	IF APPLYING FOR ASSISTANCE HOW MUCH ARE YOU REQUESTING? <div style="text-align: center;"> _____ (Additional Financial Aid Form must be filled out) </div>
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Medical/Health Information

DOES THE CAMPER TAKE ANY MEDICATIONS ON A REGULAR BASIS? _____ YES * _____ NO

*IF YES, LIST ALL MEDICATIONS:

DOES CAMPER HAVE ALLERGIES TO ANYTHING? IF SO, PLEASE LIST.

ARE THERE ANY MEDICAL, PHYSICAL, OR PSYCHOLOGICAL CONDITIONS THAT WILL LIMIT THE CAMPER'S PARTICIPATION IN CAMP ACTIVITIES? _____ YES _____ NO

**IF YES, LIST IN DETAIL SUCH CONDITION(S):

*All medications listed must have a letter from the prescribing physician detailing medical history and medication requirements.

** Provide a letter from the treating physician, psychologist, or psychiatrist detailing limitations.

I give permission for my child _____ to be taken to the hospital in case of an emergency, and consent to emergency treatment until the time of my arrival at the hospital.

I understand that every effort will be made to contact me in the event that such an emergency takes place.

Signature of Parent/Guardian

Date Signed

The completed registration form along with the \$50 application fee must be mailed to:

Four Strings Academy
c/o Mrs. Mariana Green-Hill
19 Harvard St.
Arlington, MA. 02476

All Checks and money orders must be made out to:
Four Strings Academy

For more information visit the [website: www.fourstringsacademy.com](http://www.fourstringsacademy.com)

Signature of Parent/Guardian

Date Signed

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PERMISSION FORM

As part of the program's activities, we will be going on local outings. These include trips to the local parks, library, neighborhood walks, etc. We will also be going on weekly fieldtrips outside of the neighborhood. You will be notified of these fieldtrips, and separate permission forms will be sent home to be signed and returned for EACH child participating.

1. To have your child participate in local outings, please sign below.

I _____ hereby give permission for my
(parent's name)

child _____ to participate in local outings.
(child's name)

Parent's Signature

Date

2. For your child's safety, please designate the individuals that have your permission to pick-up your child from the program. Our staff will not allow your child to leave the premises with any other individual, unless they are indicated on this list.

PLEASE PRINT CLEARLY

Name of Individual Designated for Pick-up	Relation to Child
1.	
2.	
3.	
4.	

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Indemnity Form

In consideration of Four Strings Academy allowing my/our, son/daughter,

Name of Camper: _____

to take part in the programs operated by **Four Strings Academy**, the undersigned hereby covenant and agree to indemnify and save harmless **Four Strings Academy** and its affiliates, employees and agents against any liability incurred by them by reason of:

- (a) the admission of my/our son/daughter into such programs
- (b) any care, transportation of services provided to my/our son/daughter by **Four Strings Academy**, its employees or agents; or
- (c) the behavior and mental or physical incapacity of my/our son/daughter.

STATEMENT OF UNDERSTANDING

I, hereby make application to enroll my child/ward in the Four Strings Academy (FSA). I hereby certify that he/she is of good moral character. I hereby, also certify that I have given full disclosure concerning all medical, physical, and psychological conditions which might have relevance to the performance of my child/ward while at Four Strings Academy, as well as any suspensions, expulsions, or adjudications against him/her, to include all past, current, or pending actions. I also understand that I am liable for information that is false, misleading, or later found to be omitted concerning all such medical, physical, or psychological conditions and all suspensions, expulsions, or adjudications. I understand that any such non-disclosure will result in the forfeiture of acceptance (if previously offered) and any payments made on his/her account. I have no objection to publicity in conjunction with camp activities that involve my child/ward. I hereby certify that I will assume the necessary financial obligations. I understand that only a snack, not a full lunch, will be provided by Four Strings Academy. I will need to provide for the duration of the camp, their own instrument and a bagged lunch for my child every day. I understand and agree to the Four Strings Academy regulations, which provide that no deductions or rebates will be made if he/she is withdrawn after the start of camp or if dismissed from camp.

Dated at _____ this _____ day of _____, 20____

Witness

Signature of Mother or Guardian

Witness

Signature of Father or Guardian

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**CONSENT FORM for
CHILD'S PICTURES, VIDEO AND MEDIA PRESS**
(Complete form for each participating child)

I, _____, give consent for my child
_____ to be photographed, video taped by staff or media
for the specific use in the program brochures, Four Strings Academy website and media press.

PARENT/GUARDIAN SIGNATURE

DATE

The completed registration form along with the \$40 application fee must be mailed to:

Four Strings Academy
c/o Mrs. Mariana Green-Hill
19 Harvard St.
Arlington, MA. 02476

All Checks and money orders must be made out to:
Four Strings Academy

For more information visit the website: www.fourstringsacademy.com