

2019



Student Name: _____ Age/Grade _____
Gender: _____ Referred by: _____
Street Address: _____
City: _____ State: _____ Zip _____
Parent(s) Name(s): _____
Primary Phone: _____ Secondary Phone: _____
Parent Email for Electronic Confirmation _____

Instrument: _____ Years of experience on instrument: _____
Private Teacher: _____
Method/Book Series Used: _____

Sessions (check all that apply)

<input type="checkbox"/> Full Day of Camp Instrumental 9:00-4pm	<input type="checkbox"/> Full Day of Camp Vocals 9:00-4pm
<input type="checkbox"/> AM String Session 9:15-12pm	
<input type="checkbox"/> AM Woodwind Session 9:15-12pm	<input type="checkbox"/> AM Session Vocals 9:00am-12pm
<input type="checkbox"/> PM Full Ensemble 1pm-4pm	<input type="checkbox"/> PM Session Vocals 1pm-4pm

T shirt Size (circle one) **Child** S M L XL **Adult** S M L XL XXL

Emergency Contact Information: _____
Best number to reach you during camp hours: _____
If Parent/Guardian cannot be reached call: _____
My child may be released to the following people: _____

Medical Information

Family Doctor _____ Phone Number _____

Insurance Company _____ Group Number _____

Allergies :

Medications:

Does the student have any medical or behavioral issues we need to know about?

Media Release

___ Yes, I agree to let Summer Music PDX/Brookside Suzuki Strings LLC use photos and Video of my child for promotional use only (No names or other information will be released)

___ No, Summer Music PDX/ Brookside Suzuki Strings LLC. may not use photos or video of my child for promotional use.

Medical & Liability Release

___ I hereby consent to emergency treatment, hospitalization, or other medical treatment as may be necessary by a physician, qualified nurse, or hospital in the event of an injury or illness on behalf of the above student.

___ I hereby agree to release Summer Music PDX/ Brookside Suzuki Strings LLC of any liability for injuries/illness sustained during camp. I also hereby accept legal and financial responsibility for the above student in the event of illness or injury.

___ I understand that my child is responsible for the care and safety of their own musical instrument & release Summer Music PDX/Brookside Suzuki Strings LLC of liability for any damage.

Parent/Guardian Name (Please Print) _____ Student Name: _____

Parent/Guardian Signature: _____ Date: _____

Payment Information



- Full Day \$360
- Half Day \$260
- Sibling Discount - \$25
- Early Bird Discount for registrations paid in full & received before March 19th -\$65

Camp Dates: July 22—26th 2019

Total Amount Due \$ _____

Total Amount Enclosed \$ _____

\$75 minimum deposit due to hold your spot, remaining balance due June 1st or a \$25 late fee will be added to your balance. Cancellation Policy: All but \$50 refunded for cancellations before May 1st. No refunds after June 1st.

Please Mail to: Brookside Suzuki Strings LLC 597 SE Brookside Terrace Hillsboro OR 97123

Camp Behavior Agreement

Parents & students should review this document together and both sign before returning

_____ I will respect myself & others at camp.

_____ I will listen to Camp Directors, Counselors, and other campers and treat them all with respect.

_____ I will control my own behavior and use appropriate language.

_____ I will respect the environment, camp equipment, and other campers' belongings.

_____ I understand that I am responsible for my own instrument and I will put it away when it's not in use.

_____ I will not bring electronics with me to camp (cell phones will be allowed before and after camp for contacting parents but put away during rehearsals & team building activities. No other electronics will be allowed so students can focus on their camp experience).

Please check that you and your child have discussed each point above and agree to the behavior rules for camp, then sign and date below.

Parent Signature _____ Date _____

Student Signature _____ Date _____