



Music Man Studio

**Registration Form
2008 Summer Strings Camp 2
George Fox University
July 6 – July 12, 2008
Overnight Camp (Ages 13-18)**

\$475 if registered by May 15, 2008 (\$500 after May 15)

\$100 non-refundable deposit (applies towards tuition)

Registration form due by June 1, 2008

Full tuition due by June 15, 2008

Camper's Name:(Last)_____ (First)_____ (Middle)_____

Address:_____

City:_____ State:_____ Zip:_____

Birth Date:_____/_____/_____ Age:_____

Sex: M_____ F_____ Grade in 2007/2008 school year:_____

Phone: Home (_____) _____ Work (_____) _____ Cell (_____) _____

Parent/Guardian's Name:_____

Emergency Contact (besides parent): Name _____

Phone:(_____) _____

Relationship:_____

Instrument:_____

Number of years studying instrument:_____

Number of years studying privately:_____

Private Teacher's Name:_____

School Name:_____

T-Shirt Size (Adult sizes): S_____ M_____ L_____ XL_____ (T-Shirt provided at no additional charge)

Medical Information

Medications: _____

All medications should be in original container with instructions.

Reasons for medications: _____

Allergies: ___Bee Stings ___Penicillin ___Other_____

Food Allergies: _____

Date of last tetanus shot: _____

Physical problems or limitations: _____

Parent’s Authorization

I give Music Man Studio Summer Strings Camp my consent to secure any necessary medical treatment for my child during the camp period. I also authorize any qualified physician to render treatment he or she deems necessary upon consultation with the camp director. I realize my insurance will be billed for any medical treatment as the primary coverage for my child.

Personal Physician: _____

Office Phone:(_____) _____

Insurance Company: _____

Insurance Company Policy Number: _____

Policy Holder: _____

Behavior

Music Man Studio Strings Camp reserves the right to dismiss a camper who, in their opinion, has displayed unacceptable behavior and/or has not complied with the rules of the camp. Campers must respect all George Fox University property and policies. Parents will be responsible for any damage to the property caused by their child. Camp fees are non-refundable if a child is sent home for misbehavior.

I have read and agreed to the terms as stated on this application.

Parent’s Signature: _____

Date: ____/____/____

Please make checks payable to:
Music Man Studio
8261-A SW Wilsonville Rd
Wilsonville, OR 97070
(503) 682-9829
www.musicmanstudio.com