Nova MS Band Camp Registration (Please return by June 1, 2017)

Please remember to attach your payment or a copy of your online receipt to this form. Thank You.

Nova MS Band Parent Assoc., Inc.
3602 College Avenue
Davie, Florida, 33314
Email: NMSBandFamily@gmail.com

Student's Name _____ Home Phone _____

Parent's Name _____ Cell Phone _____

Parent's Email | | | | | | | | | | | | | | | | | | | | | | | | | | |

Grade in 2016/2017 ____ School Attended _____ Band Director _____

Instrument _____ Years Played _____

Please circle student's size for a camp t-shirt (included in tuition)

Youth Large Adult Small Adult Medium Adult Large Adult XL

Camp hours: Monday-Thursday, 9:00 am – 4:00 pm

Week 1: June 12 – June 15 Week 2: June 19 – June 22 Week 3: June 26 – 29

Weeks Attending (3 weeks for Symphonic Band, Wind Ensemble, Jazz Band): 1 2 3

PAYMENT ENCLOSED: 3 weeks = $385 2 weeks = $285

Emergency and Medical Information (Please Print Clearly)

In the Event of an Emergency (Parent listed above isn't reachable)

Primary Contact Name_____ Phone (_____)_____

Secondary Contact Name_____ Phone (_____)_____

Medical Condition(s) / Medication(s)

Please list any medical conditions, allergies, and/or medication(s) concerning your child:

_____

_____

Insurance Information

Insurance Company: _____ Policy #: _____

Policy Holder's Name_____

My child will participate in the Nova MS Band Camp and by my signature to this statement of permission, I hereby release and hold harmless Nova Middle School, NMS Band Parent Association, NMS Band Director and Band Staff, and NMS Administration and School Staff, from all liability for mishap or injury to the student named herein from the beginning of the event to its end, and from any and all responsibility for the acts of conduct of each student during the event. I understand that if my student is misbehaving I will be called to pick them up immediately without a refund.

_____ _____

Parent #1 Signature **Parent #2 Signature (if applicable)**