

# ***Brush Strokes & Music Notes***

The Charlotte Area Foundation for Music and Art, Inc. 501(c)(3)

## **2019 Registration & Liability Form**

Student Name: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_  
Current Grade \_\_\_ Student Birthdate: \_\_/\_\_/\_\_ Age (as of Aug. 1, 2019) \_\_\_  
Parent Names: \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

*Camp Information: This camp was created to give students ages 6 to 14 an opportunity to grow in creatively studying both art and music. This day camp will be held at Queens University from August 5 to 9, 2019, from 9:30 am to 3 pm. Students will study voice, violin, fine art, and a chosen elective. Parents/guardians will transport students to and from the location each day.*

Student's Musical experience – Instruments played \_\_\_\_\_  
Artistic studies / interests \_\_\_\_\_

### **Emergency Contact**

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone \_\_\_\_\_ Relation: \_\_\_\_\_

**Transportation Release** – These people have my permission to pick up my child after camp:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### **Medical Release Information**

Health Insurance Provider \_\_\_\_\_ Primary Physician \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Please list any medical concerns or allergies we should be aware of, or any medication your child will need to take while under our care:

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I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that the Charlotte Area Foundation for Music and Art, Inc. 501(c)(3) and other associates with Brush Strokes & Music Notes will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

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Please check where you heard about our summer camp from:

Website     Word of Mouth     Flyer     Other: \_\_\_\_\_

**Photo Release** – I authorize that my child may be photographed during the Brush Strokes & Music Notes Summer Camp 2019. I understand that these photos may be used in promotional materials or on our website. I also understand that while my child’s photograph may be used in advertising, his or her identity will not be disclosed. I do not expect compensation, and these photographs are the property of the Charlotte Area Foundation for Music and Art, Inc. 501(c)(3). Parent’s/Guardian’s Initials \_\_\_\_\_

To secure your child’s spot in the “Brush Strokes & Music Notes Summer Camp 2019,” please:

- Complete and sign the Registration Form.
- Total Camp Fee submitted online, or checks made out to "Charlotte Area Foundation for Music and Art"
- Sign and date this form.
- Submit through website ([www.charlotteareafoundation.org](http://www.charlotteareafoundation.org)) or mail packet to:

**Charlotte Area Foundation for Music and Art, Inc. 501(c)(3)  
1016 Belair St.  
Waxhaw, NC 28173**

The Charlotte Area Foundation for Music and Art, Inc. 501(c)(3) and its co-organizers are not responsible for lost or damaged personal property.

Participants waive all claims against Queens University of Charlotte with respect to or arising out of, any death or any injury that may be suffered or sustained by the participant or supervisor as the result of any camp actions or inactions, directly or indirectly, or any loss or damage or injury to or theft or loss of any property belonging to participant or supervisor on Queens University of Charlotte property including but not limited to any property placed by participant or supervisor in or about Queens University of Charlotte buildings, properties or facilities.

All scheduled events are subject to change. Children’s photos may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

*Note: The electronic signature in the signature box above is your confirmation that the application you have filled out is your own work and the information is factually true.*