



Camp MusArt Registration Form and Liability Waiver

Where Music And Art Come Together
616 West Chatham, Apex NC 27502 • (919) 267-5509

Student

Name (Last, First)		Age	Date of Birth
Street Address		City	Zip Code
School	Grade/Track		

Insurance Name: _____
Card Holder: _____
Employer: _____
Policy #: _____ Group #: _____

Guardians

A: _____ Name (Last, First)		Relationship to Child
Phone #	Phone #	Email
B: _____ Name (Last, First)		Relationship to Child
Phone #	Phone #	Email

About Your Child

Does your child have any allergies? Yes ___ No ___ Explain: _____

Child's Doctor: Phone # _____

Child's Dentist: Phone # _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

Signature of Guardian	Date
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Emergency Contact

Person to whom your child can be released with Driver License ID (YOUR CHILD WILL BE RELEASED ONLY TO THE PERSON LISTED BELOW ASIDE FROM PARENTS)

Name	Phone #	Relationship
Name	Phone #	Relationship

How did you hear about us? <input type="checkbox"/> Friend <input type="checkbox"/> Flyer <input type="checkbox"/> Internet Search <input type="checkbox"/> Where? _____ <input type="checkbox"/> Carolina Parent <input type="checkbox"/> Sign <input type="checkbox"/> Other, explain: _____	What would you like to tell us about your child? _____ _____ _____
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Please remember to print out the waiver and send it to Camp MusArt together with your \$55.00 down payment. Please make check payable to Camp MusArt.

Please select camp options.

- Full Week (Mo-Fri 9:00am - 4:00pm): \$245.00
- Full Day (9:00am - 4:00pm): \$55.00*
- Half Day (9:00am - 12:30pm): \$35.00
- Half Day (12:30pm - 4:00pm): \$35.00

After Camp Care (4:00pm – 5:30pm): \$5.00 per half hour**

*For short weeks and traditional dates, daily rates apply

**Minimum of one hour. Call for more details.

PLEASE COMPLETE & SEND IN UPON ENROLLMENT!

Half days and single days can only be registered two weeks prior to camp depending on availability.

Step 1: Before you register, please give us a call or email us to make sure that space for your preferred time period is available. Once we have confirmed, please fill out the registration form provided in link below.

Step 2: A \$55.00 down payment will hold your spot and will be counted towards the total costs of your enrollments. WE MUST RECEIVE PAYMENT BEFORE YOUR SPOT CAN BE HELD. Please send in your registration form along with a payment to Camp MusArt, 616 W Chatham, Apex NC 27502.

Step 3: Please read our parent handbook. Mail signed waiver and insurance information at least one week prior to your child's first day of camp.

Payments for the remainder of camp tuition are due by the first day of camp. We do accept cash and check. Please make checks payable to Camp MusArt.

TRADITIONAL

- June 12-14, 2019
- June 17-21, 2019
- June 24-28, 2019
- July 8-12, 2019
- July 15-19, 2019
- July 22-26, 2019
- August 5-9, 2019
- August 12-16, 2019

TRACK 1

- Mar 11-15, 2019
- Mar 18-22, 2019
- Mar 25-29, 2019
- June 5-7, 2019*
- June 10-14, 2019
- June 17-21, 2019
- June 24-28, 2019

TRACK 3

- Jan 28-Feb 1, 2019
- Feb 4-8, 2019
- Feb 11-15, 2019
- April 22-26, 2019
- Apr 29 – May 3, 2019
- May 6-9, 2019
- July 29 – Aug 2, 2019
- Aug 5-9, 2019
- Aug 12-16, 2019

TRACK 4

- Jan 7-11, 2019
- Jan 14-18, 2019
- Jan 22-25, 2019*
- April 1-5, 2019
- April 8-12, 2019
- April 15-18, 2019
- July 8-12, 2019
- July 15-19, 2019
- July 22-26, 2019

TRACK 2

- May 10, 2019**
- August 19-23, 2019

* short week

** single day



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Child's Name: _____ Child's Age: _____

CERTIFICATION OF PHYSICAL FITNESS/MEDICAL CONSENT

I allow my child to participate in physical fitness activities at Camp MusArt LLC. Physical fitness activities include, but are not limited to: dance classes, ball games, yoga, playground activities, and any other outdoor/indoor physical activities that may be offered by Camp MusArt LLC. I fully understand the level of physical activity involved in these programs and certify that my child is physically fit, and there are no medical reasons why she/he cannot participate in these programs. I, the undersigned parent or guardian, understand that an emergency situation may arise where the delay of medical or surgical procedures could endanger the well-being of my child. I do hereby grant permission to the staff of Camp MusArt LLC to render judgment in my absence concerning medical assistance or hospital care in the event of accident or illness. I understand that Camp MusArt LLC will not administer any medications to my child. **Initial** _____

LIABILITY WAIVER

I, the undersigned parent or guardians, in enrolling my child in Camp MusArt LLC programs, understand that my child is participating in the programs and using the premises, including but not limited to the outdoor playground, at her/his own risk. Camp MusArt LLC and its members, managers, officers, contractors, teachers and volunteers shall not be liable for any damages whatsoever arising from any personal injury or property loss sustained by the participant and her/his family in or about any programs on or off the premises. The camper and her/his parents assume full responsibility for all injuries and damages that may occur in or about any premises with the Camp MusArt LLC programs and do hereby fully and forever release, discharge and hold harmless Camp MusArt LLC, all associated facilities, and its managers, members, officers, contractors, employees, teachers and volunteers from any and all claims, demands, damages, rights of action, present or future resulting from or arising out of any person's participation in any programs or use of its facilities. I understand that Camp MusArt LLC does not provide health, accident, or any other insurance for my child while enrolled in Camp MusArt LLC programs. **Initial** _____

As part of this approval, I have been given the opportunity to review the premises and equipment to be used in conducting the activity. I also have been given the opportunity to discuss with program organizers potential hazards and risks that may be associated with the activities and take responsibility for doing so. I understand Camp MusArt does not provide transportation to or from activities. **Initial** _____

Photo/Video policy: I hereby grant my permission to allow the use of voice, video, image, or likeness of my child to be taken without identifying information to be used by the Camp MusArt for promoting their programs. The permission for use of any of the media above is allowed for (check all that apply):

Newsletters Business Flyers Social Media (Facebook, Twitter, Instagram)
 Company Website Video by MusArt staff for weekly recital **Initial** _____

Tasting policy: Sometimes at Camp MusArt food is offered to the children occasionally, like tasting fruits or vegetables grown in our garden or sharing a treat brought by another student or a teacher. We would like to request your permission to allow your child eat the food offered at Camp MusArt. Please feel free to make comments below as necessary.

My child (circle one) **is/is not allowed** to have a snack, treat, or taste given by Camp MusArt. **Initial** _____ **Face**

Painting: My child (circle one) **is/is not allowed** to have their face painted. **Initial** _____

Video Watching: We occasionally play educational or G Rated programs for approximately 15 minutes each during snack and lunch, and for 15 to 30 minutes during carpool and pre-recital time. My child (circle one) **is/is not allowed** to watch these programs. **Initial** _____



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My signature below is evidence of my approval and acceptance of the terms of this waiver. I understand this waiver is in effect until I provide, in writing, a cease order. I also agree to forego any right or entitlement I might have to any compensation or fee. Finally, I agree that I am the legal guardian of the child named above.

Parent/Guardian Signature: _____ **Date:** _____