



REGISTRATION FORM:

CAMPER INFORMATION:

Camper's name: _____ Age: _____ DOB: _____
 Address: _____ Grade in the fall of 2010: _____
 _____ Gender: _____ Female _____ Male
 Email: _____ Home Phone: _____
 Camper's Regular School Attending: _____
 Instrument (Guitar, Drums, Bass, Voice, etc.): _____
 T-shirt Size (circle one): Y/S, Y/M, Y/L, A/S, A/M, A/L, XL
 Please describe the camper's previous musical experience: _____

Parent Information:

Mother/ Guardian: _____ Cell: _____
 Place of Work: _____ Phone: _____
 Father/ Guardian: _____ Cell: _____
 Place of Work: _____ Phone: _____

Medical Information:

Music Shack staff cannot administer medication. If a camper requires medication during the day, then the parent or guardian may come to the camp to administer it

1. Does your child have any medical conditions, learning disabilities, or any other special needs?

2. Does your child have any allergies?

3. Does your child have any behavioral issues?

4. Please provide Medical Insurance information:

5. Please provide you Doctor's name and telephone number:

Emergency Contact Info:

Name: _____ Relationship to camper: _____
 Phone: _____

Program Registration: Please checkmark each week of camp for which they are registering.
 You are responsible for payment for each week that you select below:

CHECK WEEK	CAMP AND DATES	FEE
	<i>Rock Week 1: June 21st – 25th 9am to 4 pm</i>	\$280
	<i>Rock Week 2: July 19th – 23rd 9am to 4pm</i>	\$280
	<i>Rock Week 3: August 9th – 13th 9am to 4pm</i>	\$280