

# Summer Music Camp 2010 Registration Form

Registration deadline is July 1, 2010.  
Please complete one form per child/youth.  
Emergency contact and medical information (see reverse side) MUST be completed in full.

|                          |                 |                          |                 |       |   |
|--------------------------|-----------------|--------------------------|-----------------|-------|---|
| _____                    |                 | _____                    |                 | M     | F |
| Child's Name             |                 | Date of Birth            |                 | Sex   |   |
| _____                    |                 | _____                    |                 | _____ |   |
| Parent's/Guardian's Name |                 | Parent's/Guardian's Name |                 |       |   |
| ( ) _____                | ( ) _____       | ( ) _____                | ( ) _____       |       |   |
| Home Phone               | Alternate Phone | Home Phone               | Alternate Phone |       |   |
| _____                    |                 | _____                    |                 |       |   |
| Address                  |                 | Address                  |                 |       |   |
| _____                    |                 | _____                    |                 |       |   |
| City, State, ZIP Code    |                 | City, State, ZIP Code    |                 |       |   |
| _____                    |                 | _____                    |                 |       |   |
| E-mail                   |                 | E-mail                   |                 |       |   |

## Musical Background

- Does your child read music? Yes    No
- Has your child taken private music lessons? Yes    No
- If yes, which instrument(s)? How long? \_\_\_\_\_
- Is your child involved in musical activities at his/her school? Yes    No
- If yes, please describe. \_\_\_\_\_
- Additional comments about your child's musical background: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A non-refundable registration fee of \$100 must accompany this form. The tuition balance of \$200 is due on/by July 15, 2010. Checks should be made payable to St. Mary's Episcopal Church. Please write your child's name on the memo line. Credit cards not accepted.

2609 N. Glebe Road  
Arlington, VA 22207  
Phone: 703-527-6800 Fax: 703-527-6813  
e-mail Gregory.hooker@stmarysarlington.org

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|-----------------|
| Office use only |
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## Consent and Medical Release Form

I understand that most of the camp is spent inside, but there will be outdoor recreation time. I give permission to St. Mary's to use photographs of camp participants for publicity. DO NOT BRING ITEMS OF VALUE.

I hereby release St. Mary's Episcopal Church, its directors, officers, employees and volunteers from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any x-ray examination, medical, dental or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate), licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital.

**X Signature of Parent or Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Medical Information

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Insurance Policy

Carrier: \_\_\_\_\_ Group: \_\_\_\_\_

Security #: \_\_\_\_\_

### Medical Information past or present (please check):

Asthma | yes | no

ADD/ADHD | yes | no

Measles | yes | no

Heart Defect/Disease | yes | no

Head Lice (recent) | yes | no

German Measles | yes | no

Recent Hospitalization | yes | no

Chicken Pox | yes | no

Other Diseases or Conditions | yes | no

Currently under Dr's Care | yes | no

Seizures | yes | no

Diabetes | yes | no

For each checked yes, please explain: \_\_\_\_\_

### Allergies

Hay Fever | yes | no

Bee Stings | yes | no

Penicillin | yes | no

Foods | yes | no

Bee Sting Kit? | yes | no

Other drugs | yes | no

Other insect or animals | yes | no

Other allergies? \_\_\_\_\_

Dietary Restrictions | yes | no \_\_\_\_\_

Any reason to restrict full activity including strenuous physical games | yes | no

If yes, please explain:

\_\_\_\_\_