

**Summer Music Camp 2016**

Session I: July 18<sup>th</sup> – July 29<sup>th</sup>     Session II: August 1<sup>st</sup> - August 12<sup>th</sup> 2016

Session I&II: July 18<sup>th</sup>- August 12<sup>th</sup> 2016

**REGISTRATION FORM**

Please print clearly. A non-refundable deposit/application fee of \$40.00 must accompany this application.

**CAMPER'S GENERAL INFORMATION**

NAME (LAST, FIRST, MIDDLE INITIALS)		
BIRTH DATE (MM/DD/YY)	AGE	INSTRUMENT OF CHOICE: (VIOLIN, VIOLA, CELLO, BASS HARP)
STREET ADDRESS	CITY, STATE, ZIP	HOME PHONE (XXX-XXX-XXXX)
DO YOU ALREADY PLAY AN INSTRUMENT? _____ IF YES, WHAT INSTRUMENT DO YOU PLAY? _____	HOW MANY YEARS HAVE YOU PLAYED YOUR LISTED INSTRUMENT? _____	
DOES CAMPER LIVE WITH: ____ BOTH PARENTS      ____ FATHER ____ MOTHER              ____ LEGAL GUARDIAN	HOW DID YOU HEAR ABOUT FOUR STRINGS ACADEMY? _____	

**PARENT/GUARDIAN INFORMATION**

MOTHER'S FULL NAME			
STREET NAME & NUMBER		CITY/PROVINCE	POSTAL CODE
HOME PHONE	WORK PHONE	EXTENSION	CELL/PAGER
EMPLOYER NAME & LOCATION			PRIMARY EMAIL ADDRESS
FATHER'S FULL NAME			
STREET NAME & NUMBER		CITY/PROVINCE	POSTAL CODE
HOME PHONE	WORK PHONE	EXTENSION	CELL/PAGER
EMPLOYER NAME & LOCATION			PRIMARY EMAIL ADDRESS

**EMERGENCY CONTACTS & INFORMATION (IN CASE YOU CANNOT BE REACHED)**

PRIMARY EMERGENCY CONTACT'S NAME	PHONE	RELATION TO CAMPER
SECONDARY EMERGENCY CONTACT'S NAME	PHONE	RELATION TO CAMPER

**Financial Aid**

DO YOU WISH TO BE CONSIDERED FOR FINANCIAL AID? ____ YES      ____ NO	IF APPLYING FOR ASSISTANCE HOW MUCH ARE YOU REQUESTING? _____ (Additional Financial Aid Form must be filled out)
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### Summer Music Camp 2016

#### Medical/Health Information

DOES THE CAMPER TAKE ANY MEDICATIONS ON A REGULAR BASIS?    \_\_\_ YES \*    \_\_\_ NO

\*IF YES, LIST ALL MEDICATIONS:

DOES CAMPER HAVE ALLERGIES TO ANYTHING? IF SO, PLEASE LIST.

ARE THERE ANY MEDICAL, PHYSICAL, OR PSYCHOLOGICAL CONDITIONS THAT WILL LIMIT THE CAMPER'S PARTICIPATION IN CAMP ACTIVITIES?    \_\_\_ YES    \_\_\_ NO

\*\*IF YES, LIST IN DETAIL SUCH CONDITION(S):

\*All medications listed must have a letter from the prescribing physician detailing medical history and medication requirements.

\*\* Provide a letter from the treating physician, psychologist, or psychiatrist detailing limitations.

I give permission for my child \_\_\_\_\_ to be taken to the hospital in case of an emergency, and consent to emergency treatment until the time of my arrival at the hospital.

I understand that every effort will be made to contact me in the event that such an emergency takes place.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date Signed

The completed registration form along with the \$40 application fee must be mailed to:

**Four Strings Academy**  
c/o Mrs. Mariana Green-Hill  
19 Harvard St.  
Arlington, MA. 02476

All Checks and money orders must be made out to:  
**Four Strings Academy**

For more information visit the [website: www.fourstringsacademy.com](http://www.fourstringsacademy.com)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date Signed

## Summer Music Camp 2016

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### PERMISSION FORM

As part of the program's activities, we will be going on local outings. These include trips to the local parks, library, neighborhood walks, etc. We will also be going on weekly fieldtrips outside of the neighborhood. You will be notified of these fieldtrips, and separate permission forms will be sent home to be signed and returned for EACH child participating.

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**1. To have your child participate in local outings, please sign below.**

I \_\_\_\_\_ hereby give permission for my  
(parent's name)

child \_\_\_\_\_ to participate in local outings.  
(child's name)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

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**2. For your child's safety, please designate the individuals that have your permission to pick-up your child from the program. Our staff will not allow your child to leave the premises with any other individual, unless they are indicated on this list.**

PLEASE PRINT CLEARLY

Name of Individual Designated for Pick-up	Relation to Child
1.	
2.	
3.	
4.	

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**Indemnity Form**

In consideration of Four Strings Academy allowing my/our, son/daughter,

Name of Camper: \_\_\_\_\_

to take part in the programs operated by **Four Strings Academy**, the undersigned hereby covenant and agree to indemnify and save harmless **Four Strings Academy** and its affiliates, employees and agents against any liability incurred by them by reason of:

- (a) the admission of my/our son/daughter into such programs
- (b) any care, transportation of services provided to my/our son/daughter by **Four Strings Academy**, its employees or agents; or
- (c) the behavior and mental or physical incapacity of my/our son/daughter.

**STATEMENT OF UNDERSTANDING**

I, hereby make application to enroll my child/ward in the Four Strings Academy (FSA). I hereby certify that he/she is of good moral character. I hereby, also certify that I have given full disclosure concerning all medical, physical, and psychological conditions which might have relevance to the performance of my child/ward while at Four Strings Academy, as well as any suspensions, expulsions, or adjudications against him/her, to include all past, current, or pending actions. I also understand that I am liable for information that is false, misleading, or later found to be omitted concerning all such medical, physical, or psychological conditions and all suspensions, expulsions, or adjudications. I understand that any such non-disclosure will result in the forfeiture of acceptance (if previously offered) and any payments made on his/her account. I have no objection to publicity in conjunction with camp activities that involve my child/ward. I hereby certify that I will assume the necessary financial obligations. I understand that only a snack, not a full lunch, will be provided by Four Strings Academy. I will need to provide for the duration of the camp, their own instrument and a bagged lunch for my child every day. I understand and agree to the Four Strings Academy regulations, which provide that no deductions or rebates will be made if he/she is withdrawn after the start of camp or if dismissed from camp.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Mother or Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Father or Guardian

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**CONSENT FORM for  
CHILD’S PICTURES, VIDEO AND MEDIA PRESS**  
*(Complete form for each participating child)*

I, \_\_\_\_\_, give consent for my child  
\_\_\_\_\_ to be photographed, video taped by staff or media  
for the specific use in the program brochures, Four Strings Academy website and media press.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

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