

**Community Academy of Music and Arts
Summer Camp Registration
2017**

Electronically fill out and sign. Please scan or email to Dylan Griffith CAMA@tnstate.edu

Child Contact information:

____ *New Student* ____ *Returning Student*

First Name _____ Last Name: _____ MI _____

Date of Birth: ____/____/____ Grade _____ Age (as of June 5th, 2017)

Parent/ Guardian (1):

First Name _____ Last Name: _____

Street Address _____

City _____ State _____ Zip code _____

Home phone _____ Cell _____ Work _____

Work Email _____ Personal Email _____

Note please indicate which email we should use to send information:

Parent/ Guardian (1):

First Name _____ Last Name: _____

Street Address _____

City _____ State _____ Zip code _____

Home phone _____ Cell _____ Work _____

Work Email _____ Personal Email _____

Note please indicate which email we should use to send information:

Alternate pick-up and release Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____

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Medical Release Information

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	Yes/No	
_____	Yes/No	
_____	Yes/No	

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Emergency contact (Medical or otherwise) :

Emergency Contact 1 Name _____

Phone _____

Relation to Child _____

Emergency Contact 2 Name _____

Phone _____

Relation to Child _____

Hospital Preference _____

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.

Parent's/Guardian's Initials _____

I understand that the Community Music and Arts Academy nor TSU will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian's/

Parent's/Guardian's Initials _____

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Please select which camps you are registering for the summer 2017:

TSU Piano Camp	Safari Arts Camp	Multimedia Camp
Recording Workshop	Music Theater Camp	Percussion camp

TUITION must be paid in full before students are allowed by the first day of that camp to participate in the camp. The prices are based per week and per student. (ex. 1 week camp= 199; 2 week camp=398 etc...)

\$199.000-One child

\$179.000 -TSU Employee w/one child or registration for Multi-Children

\$159.000-TSU Employee w/ Multi-children

Please select how you heard about the Community Academy of Music and Arts.

After School Program	Website	School_____
Word of Mouth	Flyer	Other_____

Terms of Agreement/Photo Release

I hereby give permission for my child to be photographed during the Community Academy of Music and Arts Summer camp. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of the Community Academy of Music and Arts and its affiliates.

Parent's/Guardian's Initials _____

The Community Academy of Music and Arts and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's photos and quotes 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).

Guardian Signature: _____
Date:_____

Printed Name of Parent/Guardian: _____