

C4A Rock Camp 2009 Student Information Sheet

Name: _____

Date of birth _____ How old are you? _____

Instrument: _____ How long have you played? _____

Do you take lessons? How long? _____

Please name your favorite band(s): _____

Please name a piece that you can play very well: _____

Do you play any other instruments? _____

Parent/guardian: _____

Home Street Address: _____

City: _____ State & Zip Code: _____

Home phone number: _____

Work or cell number: _____

Parent's e-mail: _____

Student's e-mail: _____

Parent or legal guardian: please initial to indicate that you have read and agree to the following, then sign below.

_____ I agree to pay fees as indicated in the brochure or Rock Camp website. (Please make checks payable to C4A, and note student's full name on the memo line.)

_____ Student will bring his/her own instrument in good working order. All personal possessions will be labeled.

Student: please initial to indicate that you have read and agree to the following, then sign below.

_____ I will bring my own instrument in good working order. All personal possessions will be labeled

_____ I will respect myself and others at the camp, and will act accordingly.

Parent/legal guardian signature & date

Student signature & date

C4A Rock Camp 2009 Registration

Name: _____

Instrument: _____

Which Session of Rock Camp do you plan to attend?

_____ First session: June 15-19 and 22-26

_____ Second session: July 6-10 and 13-17

_____ Both sessions

Fee Calculation:

Tuition _____
(One session @ \$500 or two sessions @ \$950)

Early bird discount? _____
(\$25 less if application received by May 8)

Family discount? _____
(\$25 less if you have a sibling also attending Rock Camp)

Total fee _____
(Tuition minus applicable discounts)

Deposit _____
(Please send in a minimum \$100 to hold your spot;
You may also opt to pay the entire fee at this time.)

Balance due _____
(Total fee minus deposit paid)

The entire amount of tuition is due by June 1 for Session 1 or June 20 for Session 2.

Please make your check out to C4A Rock Camp (note student's full name in the memo line) and mail to:

C4A Rock Camp
203 South Birch St.
Urbana, IL 61801

Medical Release Form: Rock Camp 2009

Please inform us about any medical conditions we need to be aware of. Please check all that apply.

_____ Diabetes

_____ Asthma

_____ Severe Allergy (Describe)

_____ Other (describe)

_____ My child has no special medical conditions.

Please circle yes or no for each item.

Yes No My child takes medication daily. *If yes, please describe.*

Yes No My child will have emergency medication with him or her at camp.
If yes, please describe.

Yes No My child may need help administering daily or emergency medication.
If yes, please describe.

Yes No I authorize camp personnel to administer simple first aid in the event of a minor accident. This includes bandages for small abrasions, antibiotic ointment, and similar treatments.

Yes No I authorize camp personnel to administer the following common first aid items if needed. Please circle any that apply.

Tylenol (or generic substitute) Ibuprofen

Emergency contact number for parent/guardian:

Backup emergency contact:

Name & relationship:

Phone number:

Emergency care permission:

In the event of an accident or serious illness I authorize hospital treatment and/or

treatment from a physician for my child, _____
(child's name)

Your signature indicates that you have reviewed and agree to all of the above.

(signature of parent or legal guardian)

(date)

Rock Camp 2009: Participant's Indemnity Agreement

- 1) I, the undersigned, am an adult or am the parent/legal guardian of the student named below. The use of the words "me" and "my" below are understood to include the named student, my guests, and myself.
- 2) I understand and agree that I am responsible for this student, myself, and any family members or other guests attending Rock Camp 2009.
- 3) I understand that the camp is sponsored by the Community Center for the Arts and that most activities will take place at Lincoln Square Village in Urbana during the dates of **Session 1:** June 15-19 and 22-26 or **Session 2:** July 6-10 and 13-17, 2009. I understand that certain activities may take place in alternate locations.
- 4) My image may be used, without compensation or further permission, on materials for promotion of Rock Camp or the Community Center for the Arts. This permission is only for the use of images, and does not extend to sale or publication of name, address, or any other personal information without my further consent.
- 5) My name may be listed by name in programs and on CDs or DVDs of performances or other activities associated with participation in Rock Camp. I understand that copies of any such media will be made available to me and other camp participants.
- 6) I am responsible for any injuries or accidents that occur as a result any activity associated with participation in Rock Camp. I am also responsible for any damage, loss, or theft of my property while in attendance at this camp.
- 7) I am responsible for any property damage caused by my guests or me.
- 8) I voluntarily indemnify and hold harmless the Community Center for the Arts, Lincoln Square Village, and their respective officers, employees, and agents against any and all claims for injury, liability, loss, damages, costs, or expenses (including attorney fees) arising out of my participation in the Rock Camp. Neither I nor my agents will make a claim against, file a lawsuit against, attach the property of, or prosecute in any way the Community Center for the Arts, Lincoln Square Village, or any of their respective officers, employees, and agents for injury, loss, or damage resulting from any activity associated with participation in the Rock Camp.

By signing below, I agree to all of the provisions listed above.

Student's name _____

Print name of
Parent/Guardian _____

Signature of
Parent/Guardian _____ Date _____