

Summer Camp Registration Form

Student(s) Name:

Age:

Grade:

Parent/Guardian:

Address:

Home Phone:

Cell Phone (Mother):

Cell Phone (Father):

Email Address:

Does your child suffer from any **allergies**, illness, or other medical conditions? If I need to know please list below:

Emergency Contact:

Relationship:

Phone Number:

Circle the camp your child will be attending:

Circle the camp your child would like to help with:

Beginning Class

Orchestra 1

Beginning Class

Orchestra 1

Orchestra 2

Advanced Orchestra

Orchestra 2

Advanced Orchestra

Waiver: We the parent/guardian of _____, do hereby grant permission for our child to attend Rabinowitz Music Studio summer camp and understand that Ami Rabinowitz is not responsible for any liability arising out of participation of this camp or programs and outings to the Waterfront Park. In addition, I grant Rabinowitz Music Studio and its representatives the right to take photographs of my child in connection with Day Camp, for any lawful purpose, including such purposes as publicity, illustration, advertising, and web content.

Date and Parent/Guardian Signature

