

**SUMMER MUSIC THEORY BOOT CAMP REGISTRATION**  
**June 3-7 Cost: \$100**

Student's Name \_\_\_\_\_

Age \_\_\_\_\_ Grade Entering \_\_\_\_\_

Parent/Guardian Contact \_\_\_\_\_

Home Ph. \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Person authorized by parent/guardian in case of emergency:

Name \_\_\_\_\_

Home Ph. \_\_\_\_\_ Cell \_\_\_\_\_

Make \$100 payment to FACS with cash, check, or money order.  
Make check or Money Order payable to FACS (for: Music Theory Boot Camp)  
Returned Check Fee \$45  
Return registration forms with payment to FACS Office \* c/o. Meryllyn Turman

**POLICIES AND WAIVERS / RELEASE OF CLAIMS**

I understand that FACS Camp personnel reserve the right to dismiss any student whose behavior becomes unmanageable or inappropriate. Inappropriate behavior would include anything that violates the policies of FACS. I understand that my child should wear neat, modest, and appropriate summer attire. FACS will not be liable for lost or stolen items while participants are using FACS premises.

I understand that FACS assumes no responsibility for injuries participants may sustain because of his/her physical condition or resulting from participation in any activities. I expressly acknowledge that I assume responsibility for all injuries and illnesses which may result from participation in FACS Camp activities. I do hereby authorize emergency care and will take full responsibility for ALL expenses incurred in the case of emergency.

In the event of an emergency and my emergency contact person cannot be reached, I hereby give permission to FACS to transport my child to a medical emergency room for treatment. I also give permission for my child to participate in all activities for which he/she is registered. To the best of my knowledge, my child is in good health and able to participate in all FACS Camp activities. I give permission for my child's name and pictures to be used in FACS publications/ advertisements/media relations/Shutterfly/website.

Parent/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_