



Camp Registration

August 13 – August 17, 2018
First Christian Church, Port Orchard, WA

Parent(s)/Legal Guardian(s) Names: _____

Mailing Address: _____

Phone: _____
Home Cell Other (work, student cell, etc.)

Email address: _____

Student email (if desired): _____

Emergency Contact: _____
Name Relationship Phone Number

Children enrolling in Strings Camp:

(If child is taking more than one class, please list each on a separate line.)

Name	Age	Instrument	Date of Birth	HSS Class, if known, or years of musical experience on string or other instruments (please list each instrument and years of experience)	Returning Student

Additional Information (if applicable):
Child Medical Problem/Allergy/Etc.

(Please turn over and continue on the back)

FEES (Make checks out to HOME SCHOOL STRINGS):

_____ **Summer Camp:** Monday, August 13 - Friday, August 17, 2018 –
9 a.m. – 12:30 p.m. \$35 per child (includes daily class, snack and a
concert on Friday.)
_____ x \$35 = _____

_____ **Bow buddy deposit:** \$30 for each beginning violin or viola student –
ALL beginning violin and viola students must have a bow buddy
during camp until the teacher decides it’s no longer needed. Deposit
will be refunded when it is returned in good condition.
_____ x \$30 = _____

_____ **Total payment** (Checks payable to South Kitsap Home School Strings)

Date of payment _____ Check # _____ Cash _____

CONSENT FOR MEDICAL TREATMENT: As the parent or legal guardian of the above-named child(ren), I give my consent for emergency medical care prescribed by a fully licensed physician or dentist. This care maybe given under whatever conditions are necessary to preserve the life, limb, or well-being of my child(ren).

RELEASE OF LIABILITY: I hereby release, discharge, and/or otherwise indemnify and hold harmless Home School Strings and its representatives from any claim, damage, cost or liability by or on behalf of the registrant(s) as a result of participation in the Home School Strings Program at any location.

DAMAGES: I agree to be solely responsible for the instrument(s) in my child’s possession, for any maintenance and repairs of that instrument, whether owned or rented. I agree to cover the costs of repair or replacement of an instrument damaged or destroyed due to my child’s actions.

INSTRUMENTS: All incoming instruments will be inspected prior to class to ensure its ability to be tuned. Instruments that will or cannot hold their tuning will need to be fixed/repaired or upgraded.

SIGNATURE OF PARENT/GUARDIAN:

Date: _____

Please mail registration form and check to:
Kimberly Adams c/o First Christian Church,
4885 SW Hovde Rd., Port Orchard, WA 98367