



## SUMMER INSTRUMENT CAMP REGISTRATION FORM

PLEASE PRINT CLEARLY OR TYPE

Student Name: \_\_\_\_\_ Preferred Name : \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Birthday: MM/DD/YYYY \_\_\_\_\_ Gender: M F Grade ( in fall '22): \_\_\_\_\_

Email (if available): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School: \_\_\_\_\_

T-shirt Size: Adult: \_\_S \_\_M \_\_L \_\_XL Youth: \_\_S \_\_M \_\_L

(student will receive ONE t-shirt if they attend both camps)

Primary Instrument: \_\_\_\_\_ Years of private study: \_\_\_\_\_

Secondary Instrument: \_\_\_\_\_ Years of private study: \_\_\_\_\_

Current private teacher: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Interested in additional private lesson (extra cost: \$20) \_\_\_\_\_

Name of any sibling attending INSTRUMENT camp: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

Cell: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name of person(s) allowed to pick up child after camp: \_\_\_\_\_

### MEDICAL

**List any of the following that are necessary for the CMC staff to know about:**

Allergies (food/pet, etc.): \_\_\_\_\_

Current medications: \_\_\_\_\_

Medical conditions: \_\_\_\_\_



## SUMMER MUSIC CAMP PAYMENT FORM

PLEASE TYPE OR PRINT CLEARLY

Student Name: \_\_\_\_\_

### SELECT MUSIC CAMP(S)

- CMC Instrument Camp (June 6-10, 2022)
- CMC Choir Camp (June 13-17, 2022)

### PAYMENT POLICY:

- \$125 per camp (\$5 sibling discount if sibling attends the same camp)
- \$50 non-refundable registration fee
- Full payment due by May 23
- CASH or CHECK payable to:  
Concordia Music Conservatory  
205 S. Main St.  
Concordia, MO 64020  
MEMO: Instrumental/Choir camp (please include child(ren)'s name(s))
- **CANCELATION POLICY:** 50% refund if cancelation is made by May 31.
- **LATE REGISTRATION:** \$25 late fee (\$150 total) for registration through June 1 (please note: T-shirt is NOT guaranteed with late registrants)

### ADDITIONAL:

1. Campers may be picked up between 3:50 and 4:00pm each day. In the event of an emergency, contact the Executive Director (Staff information to be sent out upon enrollment)
2. This is a deviceless camp. ALL cell phones, earbuds, or any other form of electronic device will be checked in upon arrival and will be retrieved upon pickup. NO EXCEPTIONS.
3. Any camper found with device will be dismissed immediately and permanently from camp.
4. Light lunch and snacks are provided. Please do not send any additional food or drink other than a water bottle (highly recommended!).
5. End-of-camp performance is on Friday of each camp week at 3pm at St. Paul's Lutheran Church on Main Street. Campers should be picked up by parents at the church following the performance.

\_\_\_\_\_  
Signature of Camper

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

# ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I hereby assume all of the risks of participating in this camp, including by way of example and no limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this camp. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the organizers of the camp in which I may participate and that it will govern my actions and responsibilities at said camp.

In consideration of my application and permitting me to participate in this camp, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this camp. THE FOLLOWING ENTITIES OR PERSONS: Concordia Music Conservatory, Saint Paul Lutheran High School and/or their staff, agents, representatives or volunteers.

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this camp, whether caused by negligence or otherwise.

I acknowledge that this camp may carry with it the potential for injury, and personal loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators and leaders.

I consent and agree that Concordia Music Conservatory and/or their instructors, agents, representatives or volunteers may take photographs or digital recordings of me/my child as a participant during this event and use these in any and all media for promotional purposes. I further consent that my identity may be revealed therein or by description text or commentary. I waive any rights, claims or interest and I understand that there will be no financial or other remuneration.

The accident waiver, release of liability and image release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT ON MY OWN FREE WILL.

---

Print Participant's Name and Age

---

Signature (if under 18 years Parent or Guardian must sign)

Date

## ***PARENT/GUARDIAN WAIVER FOR MINORS (under 18 years old)***

The Undersigned parent and or natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the camp, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect on lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

---

Print Participant's Name and Age

---

Signature (if under 18 years Parent or Guardian must sign)

Date