

FBC MUSIC CAMP – June 4-8, 2018; 6:30 – 8:30 pm
3321 63rd Avenue East, Bradenton, FL 34203 For more information – 941-758-3066 or 941-920-3236
MAILING ADDRESS: Fellowship Baptist Church, P.O. Box 20427, Bradenton, FL 34203

Child

First _____ Middle _____ Last _____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____
Grade _____ Birth date ____/____/____ Age (on June 1 of this year) _____

Child's existing music skills (Please indicate if they already play an instrument, sing, or can read music)

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Primary Phone _____
Secondary phone _____ E-mail _____

Parent/Guardian #2

First _____ Last _____
Street Address _____
Town/City _____ State _____ Zip code _____ Primary Phone _____
Secondary phone _____ E-mail _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Medical or other information we need to know _____

Primary Physician _____

Doctor's Office Phone _____ Hospital Preference _____

Is your child allergic to any type of food?
Yes__ No__ If yes, explain: _____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that Fellowship Baptist Church of Bradenton and the FBC Music Camp will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

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TUITION INFORMATION - \$10 pre-registration fee (covers supplies, refreshments, materials _____)
INSTRUMENT FEE

(CHOOSE ONE ONLY. Student will be taking his/her musical instrument home to keep after the closing night of Camp.)

HANDBELL SET (8 note set of melody bells)	\$30 _____
PERCUSSION/RHYTHM INSTRUMENT	\$10 _____
RECORDER (INTERNAL DUCT FLUTE)	\$ 8 _____
UKULELE	\$35 _____

Total Paid: (Registration fee is non-refundable) \$ _____

NOTE: EACH INSTRUMENT CLASS SIZE WILL BE LIMITED TO TEN STUDENTS ON A FIRST-COME BASIS.

Please circle how you heard about the FBC Music Camp.

Yard Sign/Poster Website Word of Mouth Flyer Registration Table Other _____

Photo Release

I hereby give permission for my child to be photographed and/or video recorded during the **FBC Music Camp**. I understand the videos and/or photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors, and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed; I do not expect compensation and that all photos and video recordings are the property of Fellowship Baptist Church, the FBC Music Camp, and its affiliates.

Parent's/Guardian's Initials _____

Terms of Agreement

Fellowship Baptist Church, the FBC Music Camp, and its personnel are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness **per physician orders**. I ACKNOWLEDGE THAT STUDENTS WILL BE TAKING HOME THEIR PURCHASED INSTRUMENT AFTER THE CLOSING FRIDAY EVENING PARENTS PROGRAM. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____