

**Music Authority
123 Merchants Square
Cumming, GA 30040
770-886-9066
770-886-3773 fax**

Spring Camp 2019
April 1 – 5, 2018
10am-2pm
Friday Evening Show
Cost: \$200

Fees and Tuition

There is an initial \$75 registration fee. This fee is due at the time of registration and is non-refundable.

The remaining \$125 is due by the start of class on Monday morning. It is refundable until class starts on Monday, once class begins no refunds will be given. The total cost of the camp is \$200.

Bring a sack lunch daily to camp.

Absences

Campers will not be able to make up absences.

Media Release:

All students who participate must have a signed media release.

Concert Tickets:

Tickets for the final concert will be \$8. Each camper will receive 3 complimentary tickets with their registration.

The ending show will be held at Music Authority in The Backroom at 7pm on Friday, April 5.

If enough campers sign up to facilitate the need for a second show, we will offer a second show at 5pm on Friday, April 6. Parents holding tickets will be permitted to pick their preferred showtime. All other seats will be sold as first come, first serve.

Behavior:

If a student's behavior becomes such that it is detrimental to the continued enjoyment of the rest of camp, they may be asked to not return. No fees will be refunded. Behavior will be addressed as follows:

1. Instructor will address with student privately. (Not in front of the rest of camp.)
2. Instructor and administrator will address with student.
3. Instructor and/or administrator will address with parent and student.
4. Student will be asked to not return.

Spring Break Camp 2019

Application and Release

Music Authority, and Loggins, Inc., does not assume liability for accidents caused by the act of said child. The signature of a parent or guardian below assumes full responsibility for such actions.

Music Authority, it's officers, directors, employees, and instructors are released from any and all damages and injuries suffered to any student under the instruction, supervision, or control of Music Authority. Music Authority accepts no responsibility for children who leave the premises.

Student Name: _____

Student Address: _____

_____ **Male:** _____ **Female:** _____

Age: _____ **Birthday:** _____ **Shirt Size:** _____

Parent Email: _____

Student Email: _____

Parent Name (print): _____

Daytime Phone: _____ **Evening Phone:** _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Primary Instrument: _____ **Secondary Instrument:** _____

Date and Time Registering for: _____

Years Experience on Primary Instrument: _____ **Secondary:** _____

Name and Number of Teacher: _____

ALL CAMPERS SHOULD FILL OUT:

I, _____ (parent's name), agree to the terms of this agreement and understand that the deposit is non-refundable. I also authorize all the information given thus far has been true and that I take full responsibility for my child while he/she is at camp. Also, I give my permission for him/her to participate in camp and for the use of any pictures or recordings that may have been taken for future publications.

Signature: _____ **Date:** _____

How did you hear about Camp? _____

Spring Camp Health Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

In Case of Emergency Contact: _____

Relation: _____ Phone Number: _____

Please list any medication your child takes. (All medication must be given to a camp employee when student arrives. Please keep all medications in their original bottles.)

My child takes no medication: _____

Medication: _____ Dosage: _____

Specific Times: _____

Reason for medication: _____

Please list any allergies: _____

Please list anything you feel is important that we know about your child. If your child has any learning, emotional, or behavioral disabilities it is important for the camp director to be aware of these things so that she can best accommodate their needs. Also list, if any, the specific strengths or weaknesses your child may have.

I understand my child will be in the care of the camp employees and in the event of an emergency and am not available, I give my permission to the physician selected by the camp director to hospitalize, secure proper treatment for, order injection for, or anesthesia for surgery for the person named above. I also attest this information is correct to the best of my knowledge and that the student named above is in good health and has my permission to participate in all activities directed by camp except anything noted by a physician or myself.

Prohibited activities: _____

Parent/Guardian Signature: _____

Date: _____

Parent Release Form for Media Recording/Photography

I, the undersigned, do hereby grant permission to Music Authority and Loggins, Inc. to use the image, video, or audio recording of my child,

_____. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, audio, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, social media, and digital images such as those on the Music Authority Web site.

Parent/guardian signature _____ Date _____

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If you have questions, contact Melissa A. Loggins at 770-886-9066.