

2024 SUMMER CAMP REGISTRATION FORM

Last Name	First Name	Gender
Address	City	State Zip
Home Phone	Cell Phone	
Birthdate	Food Allergies?	
Please indicate any medical condi	tions Mullins Music should be aware of	: :
PARENT/GUARDIAN INFO:		
1) Name	Relationship to Student	
Work Phone	Cell Phone	
2) Name	Relationship to Student	
Work Phone	Cell Phone	
Emergency Contact Name	Phone	
PAYMENT: Full payment is du	e prior to the first day of camp. No r	efunds for a camp already in progress.
- Sign me up for Rock Week! (Ag	ges 12 – 18: June 3 – 7, 2024) \$325	T-Shirt Size
Sign me up for Jazz Week! (Age	es 12 – 18: June 24 – 28, 2024) \$325	
I am an INSTRUMENTALIS	T List ALL instruments you are skilled	ed on:
I am a VOCALIST	I want to attend Rock V	Veek as an Audio/Visual Technician
		of an audition, students wishing to attend as an A/V ant to attend and what they hope to learn by attending.
Technician must submit a one p	age statement explaining why they wa	ant to attend and what they hope to learn by attending.
ensembles and or/concerts without advance notice		ent for Mullins Music to take photos, audio or video footage of classes, lessons, pyalty-free in its print, audio and electronic promotional efforts, including its website. t or legal guardian.
to the physician to give appropriate treatment to activities, and do hereby waive, release, absolve	my child. I/We, the parents or legal guardians of the abo	y contact listed above. In the event we cannot be reached, I hereby give my permission we-named camper, hereby give approval for his/her participation in any/all program upervisors, participants, and persons, involved in the operation of Mullins Music for participating as a spectator.
I agree with the above policies: Parent/A	Adult Student	
Name	Signature	Date