U Rock Music Weekend Enrollment

I wish to enroll_____subject to the conditions below: First Last
Home Address_____Phone_____

City_____State_____ ZIP_____

We are happy you have decided to give your child this wonderful opportunity to join other students in what has become a meaningful life long treasured memory for students who still talk fondly about the days at our rock camp. Many valuable life skills will be employed and friendships formed.

And now...the boring (must know) particulars

My child's admission to U-Rock Camp Music Weekend is subject to the following conditions: This fee fully includes the Camp registration, attendance and food. The tuition does not include transportation to and from Camp musical instruments etc. Students must bring their own guitar, amp, cable and tuner. We are unable to provide any partial refund for any camper's late arrival, early withdrawal, non-arrival or dismissal for cause.

U-Rock Camp is not responsible for damage or loss of any camper's personal items including, but not limited to, musical instruments, clothing, jewelry, cash or personal equipment used during the campers stay. U-Rock Camp specifically advises the camper not to bring jewelry, cash or any valuables to Camp. The camper and his or her parents agree to abide by the Camp rules and regulations for the health, safety and welfare of the weekend attendees and the Camp community. Smoking, possession of or use of tobacco, narcotics, alcohol or other intoxicant non-prescription drugs on or off the Camp grounds is expressly forbidden. Campers may not leave Camp grounds without the permission of the Camp director(s). Violation of these rules or other reasonable regulations will result in dismissal from the Camp without any refund of tuition or expenses paid to the Camp. The Camp reserves the unrestricted right to dismiss any camper whose conduct is unsatisfactory or inimical to the Camp's best interest without any tuition refund. Tuition and fees paid are agreed to be the fair and reasonable sum as and for liquidated damages.

The U-Rock Camp program may include public performances, and permission is hereby given for the camper to take part in such performances on or off Camp grounds without compensation. U-Rock Camp may use photographs, statements, articles, names, music, art, films and videotapes of Attendees or created by attendee and/or parents in promoting lesson, Camp or Camp related activities. Use of such materials may include, but is not limited to, physical and online sources, advertising and exhibitions.

In the unlikely event it is necessary to obtain medical, surgical, or dental services for the camper off of the Camp site, such expenses shall be paid by the parent. Authority is granted without limitation to the Camp or its assigns in all medically necessary matters including, but not limited to, hospitalization, treatment, injections, anesthesia and surgery for the camper, as deemed necessary but a medical professional in the event a parent is unable to be reached.

The Camp will attempt to contact parents during a medical emergency using the contact information provided by the parents. The parent is responsible for all pre-existing medical conditions, out of Camp medical, surgical, hospital and pharmaceutical expenses. The parent is responsible for providing any and all adequate quantities of medications for pre-existing conditions to the Camp in pharmacy containers with clear written instructions from the prescribing physician.

PARENT / GUARDIAN_____DATE____/____/_____

PLEASE COMPLETE AND SIGN/DATE THIS PAGE

U- Rock Camp Weekend Enrollment

(Please complete and return all pages with signature.)

www.urockcamp.com 448 North Pearl Street, Menands, NY Tel (518) 791-6185
E-mail: don@warrenlessons.com

Attendees Name: First_____ Last_____

Birth date_____Grade (next fall)_____Attendee Phone #_____

Attendee Email_____

Mother's Name_____

Mother's Cell#_____Mother's Wk#_____

Mother's Employer _____

Father's Name_____

Father's Cell #_____Father's Wk# _____

Father's Employer _____

Who Has Legal Custody? Mother [ ] Father [ ] Joint [ ] Other [ ]_____

2nd Mailing Address (for parent living at another location):

Parent name:_____ Address:_____

Authorization for Treatment / Emergency Contact Information

This form MUST be completed, and signed by a parent or legal guardian.

Camp Weekend location: 448 North Pearl Street, Menands, NY

Date(s) attending: _____

Camper First Name:_____Last Name:_____

Address:_____City: _____

State:_____Zip: _____

Daytime Ph: (_____)_____Evening Ph: (_____)

In Case of Emergency (and I cannot be reached) please notify:

Emergency Contact #1 Name:_____Relationship: _____

Ph: (_____)_____Alternate Ph: (_____)

Emergency Contact #2 Name:_____Relationship: _____

Ph: (_____)_____Alternate Ph: (_____)

List any medications being taken by your child on a regular basis including non-prescription drugs.

My child takes no medication
if more space is needed: Medication:

My child takes the following medication(s). Attach an additional piece of paper
Dosage: _____

Specific time(s) of day_____Reason for medication:_____

If your child will require medication during camp weekend, Sign here, giving U-Rock authorization to Administer Medication to the attending child or children. Signature of legal guardian:_____ Date:_____

Camper's Primary Physician:_____Ph:_____

Release for Treatment: This Authorization form is correct to the best of my knowledge, and the camper named above has permission to participate in all camp activities except as noted by the examining physician or myself. I hereby give permission to the medical personnel selected by the U-Rock Camp Director to order x-rays, routine tests, and treatment for my child, and, in the event that I and my emergency contact or Physician cannot be reached in an emergency, I hereby give permission to the physician selected by the U-Rock Camp Director to hospitalize, secure proper treatment for, order injection and/or anesthesia and/or surgery for my child as named above. I understand that an attempt will be made to contact me in the event that medical care is needed, and that I am responsible for all medical costs incurred in treating my child.

Parent/Guardian Signature:_____Date: _____