

2019 SUMMER Music Camp 1st - 5th Grades

JUNE 3 - 7 & JUNE 10 - 14

Summer Music Camp for students* in grades one through five (*Fall 2019*) will be held from 10:00am to 3:00pm during the weeks of June 3 - 7 AND June 10 - 14 at Vanderbilt Presbyterian Church.

Under the direction of Dr. James B. Cochran, campers will learn singing techniques, musical games, and have the opportunity to learn about composers and musical instruments (including harps).

- **Registration (April 1-July 1): \$100/student**
- **Camp session is 2 weeks.**
*Students must be currently registered to attend public or private school in Collier or Lee Counties.
- **Lunch:** Campers are required to bring their own lunch each day. VPC will provide snacks.
- **Info:** VPC Front Desk, 597-5410.
- There is no before or after care.

REGISTRATION STEPS

Advance registration requested. Camp fills up fast!

1. Complete this Registration plus the NOTARIZED Consent Form on the back.
2. Make your check payable to: *Vanderbilt Presbyterian Church*. Please note in memo line: *Music Camp*
3. Return form with payment to the Vanderbilt Presbyterian Church Office, Monday-Friday, 9:00am to 4:00pm.

VANDERBILT PRESBYTERIAN CHURCH PC USA

1225 Piper Blvd., Naples, FL 34110 •239-597-5410

Home of the Vanderbilt Learning Center: 239-594-9557

Exit 111, 1 mile W of I-75. Corner of Airport-Pulling & Immokalee Rds.

REGISTRATION & CONSENT FORM (One per Child)

STUDENT INFO

NAME: _____

GRADE (*FALL 2019*): _____

SCHOOL: _____

COUNTY (*Please circle*): Collier /Lee

PARENT/GUARDIAN INFO

NAME(S): _____

PRIMARY E-MAIL: _____

CELL#: _____

HOME#: _____

WORK#: _____

ADDRESS: _____

CITY: _____ ZIP: _____

VPC MEMBER: Yes / No

I, _____

(NAME OF PARENT/GUARDIAN/PLEASE PRINT)

am the parent or legal guardian of

(NAME OF MINOR/PLEASE PRINT)

(hereinafter "my child"), and I am informed of the activities offered by Vanderbilt Presbyterian Church (hereinafter "this church" located at: 1225 Piper Blvd., Naples, FL) beginning on the day of **JUNE 3, 2019** and ending on the day of **JUNE 14, 2019**.

As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided by this church.

(SIGNATURE OF PARENT OR GUARDIAN)

REGISTRATION

Total Enclosed: \$ _____

Cash / Check No. _____ Date: _____

—FOR OFFICE USE—

Registration/Consent Form

Payment Amount Received by _____

VANDERBILT PRESBYTERIAN CHURCH
Medical Info/ Consent for Treatment/Photo -Video Notice/Release FORM

CHILD'S NAME _____
AGE _____ SEX: F / M (circle one) DATE of BIRTH ____/____/____

IN CASE OF EMERGENCY NOTIFY:

NAME: _____ RELATIONSHIP _____
HOME PHONE _____ CELL _____ WORK _____

HEALTH INFO:

List any medical issues which are currently being treated: _____
Is the child subject to fainting? Y / N Convulsions? Y / N Does the child has asthma? _____
List all allergies: Food _____
Insect Bites: Y / N Drugs: _____ Other sources _____
Is the student on routine medications? _____ Name of drug and dosage _____
List any diet restrictions _____

RELEASE FORM-AUTHORIZATION FOR PICK-UP:

The following people are authorized to pick-up my child from Vanderbilt Presbyterian Church. An ID or proper form of Identification will be required prior to the child's release.

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

If, due to unforeseen circumstances or an emergency, it is necessary for someone else to pick-up your child, a note from the parent or a telephone call is necessary. Please be aware that the person WILL be asked to provide an ID before we release your child.

The undersigned, hereby certifies that he/she is the parent and legal guardian of:
_____ (Name of child)

I further designate, appoint and authorize Vanderbilt Presbyterian Church Staff as my authorized representative to approve, authorize or direct any medical treatment, as may be required as a result of illness or personal injury to my child, in my absence. Such authority is expressly limited to medical treatment by licensed physicians, dentists, doctors of oral surgery, medical practitioners and supporting nurses or medical personnel. This medical form MUST be notarized in the event your son/daughter needs medical attention and we cannot reach you. Also, I understand that as a participant, my child may be photographed or videotaped during normal camp or event activities, and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge Vanderbilt Presbyterian Church and The VPC Summer Music Camp, its staff, directors, volunteers, sponsors, members or guests from any and all claims, costs, demands, actions or causes of action, past, present or future arising out of any damage or injury in connection with my child's participation in this camp.

Assumption of Risk: I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury that may result from participation in event activities. I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed.

Please Note: DO NOT SIGN THIS FORM UNTIL YOU ARE IN FRONT OF A NOTARY PUBLIC.

This _____ day of _____, 20____.

SIGNED: _____ (Parent/Guardian)

I swear that _____ signed this document before me on this date.

Known personally _____ I.D. produced (type and form) _____

SEAL:

NOTARY _____