



Red Leaf Rocks! Summer Camp Enrollment July 6 – 23rd, 2009

Name : _____ Age: _____

School: _____

Parents: _____

Parent Email (home): _____ (office) _____

Parent cell: _____

Student cell: _____ Email: _____

Self-taught/how long? _____ Lessons/how long? _____

Teacher: _____ @ _____

Past Rock Camps Attended (Date / Location /
Instruments): _____

Favorite Music / Bands: _____

Special Needs / Allergies / Etc: _____

I, _____, parent/guardian of _____, hereby authorize the staff at Red Leaf School of Music to act for me according to their best judgement in any emergency requiring medical attention, and I hereby waive and release Red Leaf School of Music from any and all liability for any injuries or illnesses incurred while attending. I understand all medical expenses incurred will be my responsibility as the parent/guardian. I grant Red Leaf School of Music the right to the use of any recordings, videos, or photographs for any legitimate purposes. I further agree to indemnify and hold harmless Red Leaf School of Music and their teachers and agents from and against all liability, save an except for the sole negligence of Red Leaf School of Music, resulting in injury associated with my child's participation in the program.

Signature

Date