

Registration for Piano Pathways Summer Camp 2019

Florentina Alexandru

June 10-14

Monday - Friday, 9am - 2pm

Campus Location: Orlando School of Music

4968 E. Colonial Dr.

Orlando, FL 32803

Name of Participant: _____ Birth Date: _____ Gender: _____

Musical Experience: _____

_____ School: _____

Second Participant (if applicable): _____ Birth Date: _____ Gender: _____

Musical Experience: _____

_____ School: _____

Parent Name(s): _____ Cell Phone: _____

Parent E-mail: _____ Home Phone: _____

Address: _____

Street

City

State

Zip Code

Registration Fee: _____ Quantity: _____ Total: _____

Please circle the week: June 10-14

I, _____, agree to pay the mentioned price and understand that by registering my child in the Piano Camp 2019, I agree to release, indemnify and hold harmless the Piano Camp 2019 Staff, Florentina Alexandru, from and against any loss, damage, or liability. I am completely aware that I will be held financially responsible for any damage caused by my child to any of the instruments or equipment used during the camp. I also understand that once I pay for the registration, there will be no refund.

Parent Name: _____

Parent Signature: _____ Date: _____

Emergency Contact Information Form

Child's Name: _____
Last First Middle

2nd Child's Name: _____
Last First Middle

Address: _____
Street

City State Zip Code

Insurance Information:

Compay: _____ Policy #: _____

Preferred local hospital: _____

Emergency Contact Name: _____
Last First

Cell Phone: _____ Home Phone: _____

Work Phone: _____

If unavailable(2nd) Contact Name: _____
Last First

Cell Phone: _____ Home Phone: _____

Work Phone: _____

Comments: (include any allergies and/or special medical or personal information you would want an emergency care provider to know – or special contact information)

