

U-Rock Camp Weekend

New Camper Enrollment Form

I wish to enroll _____ subject to the conditions below:

First Last

Home Address _____ Home Phone _____

City State ZIP

February Break Weekend ____ Adult Rock Weekend ____ July Weekend ____ August Weekend ____

My child's admission to U-Rock Camp Weekend is subject to the following conditions: This fee fully includes the Camp registration, food, room and board. The tuition does not include transportation to and from Camp musical instruments (except pianos and drums) The seasonal nature of summer camping precludes any tuition refund or reduction. Additionally, there shall be no partial refund granted for any camper's late arrival, early withdrawal, non-arrival or dismissal for cause. If 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. 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.

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.

Parents agree to furnish the Camp with a written itinerary of any travel by parents while their camper is at Camp and to inform Camp in writing if changes occur. Parents must give the Camp a detailed account of all medical and behavioral issues before signing this contract. Failure to do so shall lead to instant dismissal or refusal of entrance with no refund of any fees or expenses paid.

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 Camp or Camp related activities. Use of such materials may include, but is not limited to, publications, advertising and exhibitions. The parent represents that he/she has full authority to enroll child in the Camp, to authorize participation in activities, to grant authority for medical care and to contract as foresaid. This agreement constitutes the full understanding of the parties and cannot be modified except in writing and signed by the parties.

PARENT / GUARDIAN

DATE

SIGNATURE

PLEASE COMPLETE AND SIGN/DATE THIS PAGE - THANK YOU.

U- Rock Camp Weekend Enrollment

(Please complete and return all pages with signature.)

www.urockcamp.com 920 Edie Road Studios Argyle, NY 12809
Tel (518) 237-8663 E-mail warrenguitars@hotmail.com

Attendees Name _____
First Last

Birth date _____ Grade (next fall) _____ Sex: M ___ F ___ Referred by: _____

Attendee Phone # _____ Attendee Email _____

We hereby apply for admission for the following Weekends: (please check all that apply)

February Break Weekend ___ Adult Rock Weekend ___ July Weekend ___ August Weekend ___

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: _____

Attention Parents: U-Rock Camp Weekend is a unique learning situation where individual expression and teamwork go hand in hand. In order to help your child get the most out of their time at U-Rock Camp we ask that you provide us with personal information regarding any learning, behavioral, or personal difficulties they may have. Please include this on a separate piece of paper and attach it to the health form. Any information you provide will be kept in confidence and will only be used to help provide a healthy learning environment for your child.

U-Rock Camp Weekend

Authorization for Treatment / Emergency Contact Information

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

Camp Weekend location: __Edie Road Studios Argyle, 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 _____ My child takes the following medication(s). Attach an additional piece of paper if more space is needed: Medication: _____ Dosage: _____

Specific time(s) of day _____ Reason for medication: _____

If your child will require medication during camp hours please fill out the Authorization to Administer Medication to a Camper form and submit to DayJams prior to your child attending camp.

Camper's Primary Physician: _____ Ph: _____

Address: _____

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: _____

