

Music On Wheels Academy of Performing Arts
Music Camp Registration Form
PO BOX 6426
Marietta, GA 30065

Camp Registration Form

(All payments are made payable to Music On Wheels, LLC.)

*Session II: June 11th - June 15th held at Hollydale United Methodist Church
(2364 Powder Springs Road, Marietta, GA 30064)*

Performance Saturday, June 16th at Hollydale United Methodist Church

Name: _____ Date of Birth: ____/____/____

Age: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () -

E-mail: _____

Gender (Circle One): Male Female Current Grade Level: _____

Parent/Guardian Information

Name: _____ Relationship to Participant: _____

Home Phone: () - Cell Phone: () -

Is the Above Person Authorized to Pick-Up My Child at the End of Each Day or in the Event of an Emergency?

Yes No

Employer (if unemployed, write "None"): _____ Work Phone: () -

Parent/Guardian 2

Name: _____ Relationship to Participant: _____

Home Phone: () - Cell Phone: () -

Is the Above Person Authorized to Pick-Up My Child at the End of Each Day or in the Event of an Emergency?

Yes No

Employer (if unemployed, write "None"): _____ Work Phone: () -

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Policies & Procedures

Student's Name: _____

- Enrollment begins after your child is registered **and** payment has been received.
- Full Tuition is due the 1st Monday of each week,. A \$25.00 late fee will apply on payments received after Monday **Partial weekly tuition payment WILL NOT be accepted.**
 - If payments are not received by Wednesday, your child will not be able to attend camp, until your account is paid and current, along with the late fee.
 - Parents may choose more than one camp and may choose to pay for more than one week.
 - We accept cash, check, and/or credit card payments.
- There are **NO** refunds. **All fees paid to Music On Wheels, LLC are non-refundable.**
- Music On Wheels, LLC, LLC **DOES NOT pro-rate days due to absences or holidays.**
- Children **must** be picked up on time each day.
- Camp hours are as follows:
 - **Full Day - 7:00 am - 6:00 pm**
 - **Half Day - 7:00 am - 12:00 pm**
- Children picked up late will incur a **\$1.00 per minute late fee(which is to be paid BEFORE children can continue camp).**
- A \$35.00 NSF fee will be charged to all returned checks.
- For the benefit of the camp, certain behavior is expected of all students. If all efforts to make this happen fail, Music On Wheels, LLC reserves the right to withdraw a student from the camp. If a student is withdrawn from camp due to certain unexpected behavior, there will be **NO** refund issued and tuition will **NOT** be prorated.

I understand and accept all policy and procedure: _____

PARENT SIGNATURE REQUIRED

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Emergency Contact Information

The first attempt will be made to contact the camper's parents/guardians. Emergency Contacts listed below must be able to pick your child up in the event of an emergency.

Student's Name: _____

Emergency Contact 1

Name: _____ Relationship to Participant: _____

Home Phone: () - Cell Phone: () - Work Phone: () -

Is the Above Person Authorized to Pick-Up My Child at the End of Each Day or in the Event of an Emergency:

Yes No

Emergency Contact 2

Name: _____ Relationship to Participant: _____

Home Phone: () - Cell Phone: () - Work Phone: () -

Is the Above Person Authorized to Pick-Up My Child at the End of Each Day or in the Event of an Emergency:

Yes No

Additional Authorized Pick-up

1. _____

(Name) (Contact #) (Relationship)

2. _____

(Name) (Contact #) (Relationship)

All campers must be picked up by the person (s) authorized by the registering parent/guardian.

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HEALTH INFORMATION FORM

Student's Name: _____

List any specific medical conditions or behavioral problems: _____

Does your child have any other allergies (food, hay fever, etc)? Yes No

If so, please list:

Are there any activities in which your child may not participate? Yes No

If so, please list:

Are there conditions or specific needs that require special attention? Yes No

If so, please list:

Will your child be taking medication during camp hours? Yes No If yes, please list: _____

Please pack all medication in a sealed container, clearly labeled with your child's name, age, medication, dosage and time and deliver to your child's teacher for the week.

Medication: _____ Time: _____

Medication: _____ Time: _____

The information listed on this health information form is correct to the best of my knowledge, and the camper described herein has permission to engage in all prescribed camp activities, except as noted on this form.

I, _____, as parent/guardian, authorize Music On Wheels, LLC and Camp personnel to seek emergency treatment as required and to transport my child to the appropriate medical facility in the event that urgent/emergency care is necessary.

Signature _____ Date _____

PARENT SIGNATURE REQUIRED

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ACCIDENT WAIVER, LICENSURE EXEMPTION, AND RELEASE OF LIABILITY FORM
Music On Wheels, LLC 2018

June 4, 2018 to June 16, 2018

I HEREBY ASSUME ALL OF THE RISKS ALLOWING MY CHILD (name) _____ TO PARTICIPATE IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I my child/or children are physically fit, and have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems, which preclude my child's participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which my child participates, and that it will govern my child's actions and responsibilities at said activity or event.

LICENSURE EXEMPTION

I understand that this program is exempt from Licensure by Bright from the Start Georgia Department Of Early Care And Learning. Exempt programs are not required to comply with child care rules other than the exemption rules, Rule 591-1-1-.46(1)(a) Exemption Requirements and rule 591-1-1-.46(1)(b). In consideration of my application and permitting my child to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Music On Wheels, LLC and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that Music On Wheels, LLC and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of Music On Wheels, LLC.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent my child to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

PHOTOGRAPHY & VIDEO

I also understand that at this event or related activities, my child may be photographed or videotaped in activities described within the camp only. I agree to allow photos, video, Internet advertisement, and/or film to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, for marketing, informational or educational purposes of the camp.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Participant's Name

Age

Parent Name (print)

Date

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Signature of Parent or Guardian

Date

There are no refunds and no pro-rated tuition. However, if camp is cancelled due to low enrollment, a full refund will be issued.

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www.musiconwheelsga.com