



SILVER HAWK SUMMER MUSIC CAMP 2010

Summer Band Camp Registration Form

Students Name _____

Parents Name _____

Address _____

City _____ Zip _____

Home Phone Number _____ Cell Phone _____

Parents Work Phone _____ Email _____

Which Middle School will you be attending next year _____

T-shirt Size: Children sizes S M L

Adult sizes S M L XL

Program Type: ___ Beginning Band - Pick your instrument on June 1st
 ___ Intermediate/Advanced **Instrument played** _____

Cost : \$55.00 Beginning Band (includes: Instruction, T-shirt and Music)
 \$85.00 Intermediate/Advanced Band (includes: Instruction, T-shirt and Music)
 Both Camps \$120.00 – Must have experience for Advanced Band class.
 Please Note: No refunds will be given after June 11th.

Registration deadline: Friday June 4, 2010

Make checks payable to: Lake Howell High School Band Boosters

Mail it to: Indian Trails Middle School
 c/o Monique McIntyre
 415 Tuskawilla Road
 Winter Springs, Florida 32708

Please fill out Both sides of this registration form



SEMINOLE COUNTY PUBLIC SCHOOLS, FLORIDA

RELEASE AND CONSENT

THIS FORM MUST BE READ AND SIGNED BY PARENT(S) OR GUARDIAN(S) OF EVERY M/NOR.

STUDENT NAME: _____

Last

First

MI

I/We do hereby approve of our child attending: The 2010 Silver Hawk Summer Music Camp to be held at Indian Trails Middle School

We acknowledge that the Seminole County Public Schools, Florida is not liable for medical expenses , or other such charges incurred for such services as may be expenses, hospital rendered for or on behalf of my/our child as a result of injury or sickness. I/We understand that if my/our child is injured or becomes sick, Seminole County Public Schools, Florida will not be liable unless the injury or illness is the result of negligent conduct on the part of an employee of Seminole County Public Schools, Florida.

Child's Allergies: _____

PHYSICIAN INFORMATION

Child's Physician: _____

Address of Physician: _____ Telephone Number: _____

MEDICAL INSURANCE INFORMATION

Medical Insurance Co.: _____

Address: _____ Telephone Number: _____

Policy #: _____ Group #: _____

Parent/Guardian Signature: _____ Date: __/__/__

Parent/Guardian Telephone Number: _____

(work)

(home)

Emergency Telephone Number: _____ (and) Contact Person: _____