

Rockland Rock Band Camp Winter 2018 Registration

Name: _____ Age: _____

If under 18, Parent name: _____

Address: _____

City _____

Home Phone: _____

Cell Phone: _____

Email: _____ Shirt size _____

Best contact number in case of an emergency: _____

Health issues/learning issues: _____

Main Instrument: _____ Years playing: _____

Teacher (if currently taking lessons): _____

Other instruments played: _____

Do you sing? ___ lead _____ background _____

Styles (artists) of music played (by order preference) _____

Reading ability (tab, notation, chord chart, rhythm charts, etc) _____

10 week/registration: \$500*

Have a friend sign up--save \$50. Sign up as a band, members receive extra discount.

Spaced is limited. Register Early. No refunds/credit.

**If for some reason the class is canceled or shorten, additional time will be added to sessions.

*Terms subject to change.

___ **Saturdays 1:00-2:30**
(2/3-4/14)*(\$450)

Performance: Saturday 4/21 1:00
@The Turning Point(to be confirmed)

Cash, Check or Paypal(credit card/transfers). Payment plan available.

Make check out to: Rockland Rock Band Camp

Mailing address: 7 Hoover Place, Stony Point, Ny 10980.

Rockland Rock Band Camp, Inc. (“Rockland Rock Band Camp”)
Permission Release Form

I give permission for myself or my son/daughter _____
to participate in the Rockland Rock Band Camp at Anjel Blue Studios in Nyack ,Ny.

I agree to hold harmless and waiver any rights of liability Rockland Rock Band Camp (Brian Murphy and any associates) and agree to assume any risk of bodily injury or property damage.

I agree to indemnify Rockland Rock Band Camp for any equipment that is damaged or broken in the course of the camp due to the actions of myself or my son/daughter.

I agree that Rockland Rock Band Camp may use photos, videos, and/or audio recordings of my child which may be selected for use in display ads, promotional materials, for offline and online marketing/promotion (Facebook, Youtube, Rocklandrockbandcamp.com, Guitarhelper.net, websites, etc.)

I hereby authorize the staff of the Rockland Rock Band Camp to act for me according to their best judgment in any emergency requiring medical attention for myself or my child, and I hereby waive and release Rockland Rock Band Camp from any and all liability for any injuries or illnesses incurred by myself or my child while attending Rockland Rock Band Camp. All medical expenses incurred will be the responsibility of the student or student's family.

Rockland Rock Band Camp is authorized to use its own judgement for the immediate handling of any situation and act as a guardian for the camper(s) named above. If necessary, in the judgement of Directors to use outside hospitalization, medical, surgical or dental aid for the health and well being of the camper(s), I hereby authorize the Camp and its Directors to use such outside aid. Payment for such medical care will be paid by my family insurance.

I understand that part of the camp experience involves activities and interactions that may be new to myself or my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the camp's rules, and my child and I both agree that he or she is familiar with these rules and will obey them. I understand that no refunds will be made in the event that my child must be removed from Rockland Rock Band Camp for disciplinary reasons (illegal drugs, alcohol, or extreme behavior deemed unfit by the camp Directors).

It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in Rockland County, New York, and shall be construed in accordance with the laws of the State of New York.

Signature _____

Date: _____