

BUCHANANS HOUSE OF MUSIC

2022 ROCK CAMP Application Form

Camper's name: _____ Age: _____

Instrument(s): _____

Full address: _____

Parent/legal guardian name(s): _____

Phone (h): _____ (w): _____ (c): _____

Email address: _____

How did you hear about rock camp? _____

Which session of rock camp are you interested in?

____ July 11-15, 2022 ____ July 18-22, 2022

Parent/legal guardian signature: _____ Date: _____

Required for registration: completed Medical Form, Student Info Sheet, Permission Slip and Waiver.

BUCHANANS

HOUSE OF MUSIC

2022 ROCK CAMP STUDENT INFORMATION SHEET

Name: _____ Main instrument: _____

Do you play any other instrument(s)? _____

How do you describe yourself as a player? (circle one)

Casual

Daily

Eat sleep breathe MUSIC!

What background do you have with music? (lessons, band experience):

How do you learn music? (Check all that apply):

Music notation

Tab

Chords

By ear

What are your three favourite bands or types of music? _____

What songs or pieces would you like to play or already know? _____

Friend/bandmate request: _____



ROCK CAMP 2022 PERMISSION SLIP & LIABILITY WAIVER

Welcome to Rock Camp 2022! Please read the following information and provide signed authorization to allow your child to participate. Should you have any questions or concerns, please contact us.

Recognizing that Buchanans House of Music will do its best to ensure a safe experience, I understand that certain dangers or accidents may occur. I hereby release Buchanans House of Music, including its employees, volunteers or agents, from all responsibility and liability of any nature, including claims for injury, illness, death, loss or damage, resulting from my child's participation in program activities, whether due to the negligence of Buchanan's House of Music or any of its employees, volunteers or agents. The undersigned, for himself or herself and for the child named, hereby irrevocably assumes full responsibility for, and risk of bodily injury or property damage inflicted by, to or affecting child named.

Signed: _____

Media consent: Photos and video of activities are taken throughout the week. Some may be shared on our website or social media pages. If you would like to place conditions on your child's photos/video or have your child removed from photographed groups, please specify in the "comments" space.

My child may be photographed/filmed (check one): Yes No

Comments/Conditions: _____

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MUSIC CAMP 2022 PERMISSION SLIP & LIABILITY WAIVER

I agree my child will abide by the zero tolerance policy regarding the use of any drugs, alcohol, or tobacco in place for the camp. Any camper found violating this policy will have parents called and will be removed from the camp and/or concert immediately. Tuition is non-refundable under these circumstances.

I agree that Buchanans House of Music holds the right to remove any student from the camp that demonstrates unacceptable behaviour, such as bullying, theft, and disrespecting staff, volunteers and other campers. This includes behaviour that impedes the learning experience of other campers. Please be advised that tuition is non-refundable under these circumstances.

Child's name: _____ Date: _____

Parent/legal guardian's name: _____

Parent/legal guardian's signature: _____



CONFIDENTIAL MEDICAL FORM

First name: _____ Last name: _____

Date of birth: _____

Address: _____

Health card number: _____

Doctor's name: _____ Phone: _____

List all medications being taken and dosage: _____

List and detail any medical conditions, recent or pre-existing injuries, major surgical procedures, or any condition that could affect your child's experience at camp. Please include asthma, epilepsy, or diabetes management:

List of all ALLERGIES, level of reaction, and treatment:

ROCK CAMP 2022 MEDICAL FORM

Emergency contact during camp: _____

Relationship: _____

Phone (h): _____ (w): _____ (c): _____

I authorize camp directors to disclose all medical information to a third party in the event that treatment is required. I authorize transport to the nearest medical facility if treatment is required. I understand I will be contacted in all cases.

Parent/legal guardian name: _____ Phone: _____

Signature of parent/legal guardian: _____

Date: _____