

Camp Registration

PARENT INFORMATION

Parent(s) Name

Home Phone

Cell Phone

Email

Street Address

Town

ZIP

PARTICIPANT INFORMATION

Name

DOB

Grade Entering in the Fall

For Chamber Music Camp Only

Primary Instrument

Secondary Instrument

Private Teacher

Phone

Email

Emergency Contact

Phone

Relationship

RELEASE STATEMENT

I hereby release the Director, all employees and volunteers of the Bedford Academy of Music from all claims of liability, for any damages or injuries, which may be sustained while my child is in camp. I hereby give permission for my child's photograph to be used for promotional purposes in print and in media.

Signature

Date

Please enclosed a non- refundable deposit of \$50 payable to the Bedford Academy of Music.

Return completed registration and deposit to: Bedford Academy of Music
317 Railroad Avenue, Bedford Hills, NY 10507