

Muzart's Creative Camp Registration Form

Child's Information:

Child's Name: _____ Age: _____

Parents Name: _____

Address: _____

_____ Home Number: _____

Email Address: _____ Cell Number: _____

Emergency Contact: _____

Food Allergies? _____ If so please explain: _____

After Care: _____ Additional Contact Numbers:
Name _____ Number _____
Name _____ Number _____
Name _____ Number _____

Parent Security Code: _____ Other: _____

Camp Information:

Please check off the weeks that you are signing up for; (refer to your camp flyer for exact dates)

- | | |
|------------------------------------|-------------------------------------|
| <input type="radio"/> Week 1 _____ | <input type="radio"/> Week 8 _____ |
| <input type="radio"/> Week 2 _____ | <input type="radio"/> Week 9 _____ |
| <input type="radio"/> Week 3 _____ | <input type="radio"/> Week 10 _____ |
| <input type="radio"/> Week 4 _____ | <input type="radio"/> Week 11 _____ |
| <input type="radio"/> Week 5 _____ | <input type="radio"/> Week 12 _____ |
| <input type="radio"/> Week 6 _____ | <input type="radio"/> Week 13 _____ |
| <input type="radio"/> Week 7 _____ | <input type="radio"/> Week 14 _____ |

DAILY CAMP: _____

Re: Liability
Individuals participating in creative camp, movement/art/music, are participating at their own risk. In the event there is an injury, The Muzart Konection, LLC or anyone associated with the program will not be held liable. By signing this waiver, you state that you have read and agree to the above statement.

Date: _____ Signature _____

For office use only: Deposit: Via: Balance:
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