



# PIKES PEAK HOMESCHOOL MUSIC SUMMER CAMP

## Summer Camp Information

**Dates: June 10th - 15th**

**Times: 9:00am - 2:00pm**

(Monday - Friday are classes / Saturday is the Concert)

**Location: St. Paul's UMC (2111 Carlton Ave. Colorado Springs, CO 80909**

**Tuition Cost: \$150/participant - \$500 max/Family**

(Breaks down to \$30/day)

## Participants Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Female  Male

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### Classes

Please check the classes you want to take:

**9 - 9:45**

Choir  Beginning Chamber ensemble  Advanced Guitar

**10 - 10:45**

Full Band  Advanced Chamber Ensemble  General Music

**11 - 11:45**

LUNCH - Participants will need to bring their own lunch

**12 - 12:45**

Handbells  Percussion Ensemble  Music Theory & Composition

**1 - 1:45**

Full Strings  Brass Ensemble  Woodwind Ensemble

Beginning Guitar

**1:45 - 2**

**Snack will be provided**

## Emergency Contact

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Medical Information

Allergies (especially food) or other medical conditions:

Who will be picking up your child: \_\_\_\_\_

Who is not to pick up your child: \_\_\_\_\_

Would you like to help with Snack? \_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri

In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

## Medical Release Form

I, \_\_\_\_\_, give my consent for Emergency Medical Care to be provided for my child, \_\_\_\_\_, while (he/she) is in the care of Pikes Peak Home School Music during Music Camp June 10th - June 15th if parent or guardian can not be reached.

Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Hospital: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Photo/Video Release Form

I give Pikes Peak Home school Music permission to publish in print, electronic, or video format the image or video of my child. I release all claims against Pikes Peak Home School Music with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Participant's name: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Participant/Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Anything else you feel we should know about your child?

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