

FALL MUSIC CAMP 2025 REGISTRATION FORM

CAMP INFORMATION

- Ages 7 - 100 (Intergenerational Camp - Youth and Adults Welcome!)
- Date: August 25 - 29, 2025 (Classes Monday - Friday / Concert on Friday)
- Time: 12:00pm - 3:00pm
- Location: St. Paul's UMC (2111 Carlton Ave. 80909)

NOTE: Participants are responsible for bringing their own lunch.

PARTICIPANT INFORMATION

Full Name: _____

Date of Birth: _____ Age: _____ Female Male

Address: _____ City: _____ ZIP Code: _____

E-mail: _____ Phone: _____

CLASS OPTIONS

12:00PM - 1:00PM

Orchestra Band

1:00PM - 2:00PM

Choir Chamber Ensemble

2:00PM - 3:00PM

Music Theory General Music

EMERGENCY CONTACT INFO

In case of emergency, contact: _____ Phone: _____

Relationship to Participant: _____

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

MEDICAL INFORMATION

Allergies (especially food) or other medical conditions:

MEDICAL RELEASE

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 August 25th - August 29th if parent or guardian can not be reached.

Physician: _____ Address: _____

Phone No.: _____ Hospital: _____

Parent/Guardian Signature: _____ Date: _____

PHOTO & VIDEO RELEASE

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?
