FALL MUSIC CAMP 2025 REGISTRATION FORM

CAMP INFORMATION	
	ional Camp - Youth and Adults Welcome!) 5 (Classes Monday - Friday / Concert on Friday)
• Time: 12:00pm - 3:00pm	
• Location: St. Paul's UMC (2	111 Carlton Ave. 80909)
NOTE: Lunc	h and/or snacks will not be provided.
DARTICIDANT INFORM	ATION
Full Name:	
Date of Birth:	
Address:	
E-mail:	Dhana
LASS OPTIONS 12:00PM - 1:00PM Orchestra	Band
	Darra
1:00PM - 2:00PM Music Theory	Chamber Ensemble
2:00PM - 3:00PM Choir	General Music

EMERGENCY CONTACT INFO	
In case of emergency, contact: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	
MEDICAL INFORMATION	
Allergies (especially food) or other medical condition	ns:
MEDICAL RELEASE	
I,, give my consent for Emer	
child,, while (he/she) is in Music Camp August 25th - August 29th if parent or guar	
Physician: Address:	
Phone No.: Hospital:	
Parent/Guardian Signature:	
PHOTO & VIDEO RELEASE	
I give Pikes Peak Home school Music permission to puvideo of my child. I release all claims against Pikes Pea ownership and publication including any claim for co	· · · · · · · · · · · · · · · · · · ·
Participant's name:	
Parent's/Guardian's Name:	
Participant/Parent/Guardian Signature:	Date:
Anything else you feel we should know about your ch	ild?