

CAMP REGISTRATION

Name Age and Birthdate

Instrument Number of years

Address City Zip Code

Phone # E-mail

Parents' Names

Teacher's Name Phone

Teacher's Address

I understand that Vivace! Chamber Players may take photos and video for promotional materials including our website, postcards and Facebook. I do hereby give consent to Vivace! Chamber Players to use these photos and/or video that I may appear in.

Signature for approval

**T-shirts are required for students up to 12 years of age, and will be worn on concert day.
T-shirts also help support Vivace's financial aid program. Cost: \$15.00 – Please indicate size:**

Youth Small Medium Large **Adult** Small Medium Large

Girls/Ladies have the option of a more fitted shirt, smaller sleeves:
(Ladies fitted T-shirts run a little smaller, so ordering the next size up is recommended.)

Small Medium Large Extra Large

Please read carefully the following information and keep for your records – this information is also posted on the website under "camp details."

- Deposit of \$100 is required – **This is non-refundable** and will be applied toward tuition.
- **Tuition is \$375, due no later than May 1.**
- Cancellations before June 1 will receive 50% tuition refund.
- Cancellations after June 1 will receive no refunds.
- If Vivace! Chamber Players is not able to place student, tuition/deposit will be refunded.
- Register early to ensure placement. The best opportunities fill in March and April.

Send registration with following medical form and deposit or full amount of tuition plus T-shirt payment to:

Vivace! Chamber Players
3718 37th Ave. SW
Seattle WA 98126

MEDICAL/AGREEMENT FORM

Name of Student

List medical conditions/allergies

Name of Insurance

Policy Number

Phone

Doctor's Name

Phone

Person(s) to be notified in case of an emergency during Vivace! Chamber Players. If student is under 18 years of age, please give name and number of parent or guardian.

Name

Name

Relationship

Relationship

Home Phone

Home Phone

Cell Phone

Cell Phone

Work Phone

Work Phone

I understand that as a parent or guardian of _____, I will be contacted in the event of a medical emergency and an appointed representative will sign for care only if I cannot be reached within a reasonable time. I hereby authorize medical care under those circumstances.

Signature of Parent or Guardian

Date

WAIVER OF LIABILITY

I agree that I will not hold Vivace! Chamber Players or Seattle Pacific University or any faculty member of Vivace! Chamber Players liable for injuries sustained or illnesses contracted while my child participates in Vivace! Chamber Players.

Signature

Date

LUNCH-TIME PERMISSION - Please check only one:

- Student **is allowed** to travel to area food/stores, checking in and out with location destinations.
- Student **is not allowed** off the grounds of Vivace! Chamber Players and will bring lunch.