



SUMMER CAMP REGISTRATION 2017

Early Bird Registration deadline: May 15, 2017

Date: _____

Camper's Name: _____ M F DOB: _____

Parent Contact: _____

Street: _____ City: _____

State: _____ Zip: _____ Home phone: _____ Cell: _____

Email: _____ School: _____

Instrument: _____ Years of experience: _____ Teacher: _____

How did you hear about camp?

Please indicate applicable program(s):

- Acoustic Discovery Camp – Age 6-10, July 10-July 14 (9am-4pm)
Tuition: \$350 before May 15th/\$375 after May 15th (includes \$50 nonrefundable deposit)
- Acoustic Discovery Camp – Age 6-10, July 17-July 21 (9am-4pm)
Tuition: \$350 before May 15th/\$375 after May 15th (includes \$50 nonrefundable deposit)
- Acoustic Discovery Camp – Ages 6-10, July 31-August 4 (9am-4pm)
Tuition: \$350 before May 15th/\$375 after May 15th (includes \$50 nonrefundable deposit)
- Acoustic Jam Camp – 10-teen, July 24-July 28 (9am-4pm)
Tuition: \$350 before May 15th/\$375 after May 15th (includes \$50 nonrefundable deposit)
- Teen Songwriting Lab – Teens, August 7-August 11
Tuition: \$350 before May 15th/\$375 after May 15th (includes \$50 nonrefundable deposit)
- After Care (4:00-5:30) \$10/day I'd like more information about financial aid.

* Note: 10% discount for each additional family member and/or each additional program

Please submit this form along with a medical release form and payment in full by May 15th in order to get the early bird discount. Checks should be made out to 317 Main, or you can pay by credit card by calling the front desk at (207) 846-9559.

I have included a tax-deductible donation with my payment to support 317 Main's mission as a nonprofit community music center, in the amount of: _____.

[For office: Amount paid: _____ Date: _____ Check #: _____ CC: _____]

I have read the Policies and Procedures and agree to 317 Main's payment procedures and cancellation policy. *****PLEASE NOTE: We do not offer refunds for any of our summer camps AFTER the camp has begun.**

Signature: _____ Date: _____

317 MAIN STREET RELEASE & WAIVER FORM

I, _____, am the parent or legal guardian of _____, who is enrolling in classes, lessons and/or Other related activities with 317 Main Street, Inc. — OR —
I, _____, am enrolling in classes, lessons and/or other related activities with 317 Main Street, Inc.
I, _____, hereby consent and agree, for myself and/or my minor child, to participate in classes, lessons, rehearsals, performances and/or other related activities with 317 Main St., Inc. I understand that certain of these activities may require physical exertion and acknowledge that participation in these activities can carry with it a risk of personal injury to me or to my child. I understand that I am fully responsible for myself and/or my child until such time that my/his/her class, lesson, or other 317 Main St. Community Music Center activity begins, and that I also am responsible for myself and/or my child immediately upon the conclusion of my/his/her activity at the Center. This includes, but is not limited to, transportation to and from the Center, and all time spent at the Center (including the lobby area, café, outside garden and/or reception area) waiting for the scheduled activity to begin and/or waiting for pick-up following an activity.
In consideration for 317 Main St., Inc. accepting me/my child into its program, I do hereby for myself, my spouse, my children, our heirs, personal representatives and assigns, expressly release and forever discharge 317 Main St., Inc. its officers agents, and employees of and from any liability and all claims, suits or causes of action arising from or as a result of my/my child's participation in 317 Main St., Inc. Community Music Center programs, including, without limitation, injuries or damages sustained by myself and/or child on property managed by 317 Main St., Inc./Slade Hill LLC. In addition, I hereby give my consent for 317 Main St., Inc. to seek necessary emergency medical treatment for me/my child, and for me/my child to receive such emergency medical treatment, which may be deemed

necessary or advisable in the event of injury, accident or illness. I accept financial responsibility for all such medical treatment that may be provided. By signing below, I acknowledge that I understand and agree to all guidelines and conditions set forth above.

317 Main may photograph, record, and/or videotape classes, lessons and/or events sponsored by 317 Main for educational purposes and/or use on 317 Main online and social media and publication materials. If you do not wish your camper to be photographed, recorded, and/or videotaped, please submit a brief written statement and submit it to the front desk.

Participant Name – please print

Participant Signature

Date

Minor Participant Name – please print

Parent/Guardian Name - please print

Parent/Guardian Signature

Date Signed

I acknowledge that I have read and understand 317 Main's cancellation and payment policies as put forth in the Policies and Procedures.

Participant/Parent/Guardian Signature

Date Signed