

Registration Form - Seminary String Camp 2011

(Please complete one form for each student; please print clearly)

Send to: String Camp, SBTS, 2825 Lexington Road, Louisville, KY 40280

Student name (last, first): _____

Parent name: _____ Cell phone: _____

Parent name: _____ Cell phone: _____

Home phone _____ Work (optional) _____

Parent email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Camp instrument: _____ Played ____ years/months (circle one)

Other instrument: _____ Played ____ years/months (circle one)

Age: _____ Birthdate: _____ Entering grade: ____ in Fall 2011

Music Reading: Pre-reader ____ Beginner ____ Intermediate ____ Adv ____

I learn new songs by number (all fingerings marked in music) yes ____ no ____

I read music by notes (I do not need fingering numbers) yes ____ no ____

Name of school: _____ City: _____

Private teacher (if applicable): _____

Name of church (if applicable): _____

Most advanced solo or etude you are currently working on:

Composer: _____ Title: _____ Book: _____

I would like to play on Student Recital: T ____ W ____ either day ____

Recital Piece: _____ Composer: _____ Timing: ____

Amount enclosed (write check to SBTS): \$ _____ Check number: _____

Registration:

\$25 through May 6

\$50 after May 6

(One fee per family, no refunds)

Tuition:

\$125/student

\$200/family

(nonrefundable after June 3)

Scholarship Forms: See <http://www.sbts.edu/church-ministries/string-camp/>
No forms accepted after May 6.

Seminary String Camp 2011 Liability Waiver Form

This form must be signed and returned to the Seminary String Camp Directors with String Camp Registration Form. The signature below must be that of the student (where he or she is of legal age), or a parent or guardian of the student(s) registered for and/or attending the Camp.

In consideration of my/our participation in the Seminary String Camp for 2011, I do hereby release, discharge and covenant to hold harmless the instructors, staff, and volunteer assistants of the Seminary String Camp, The Southern Baptist Theological Seminary, its officers, trustees, employees, agents, advisors, administrators, and their heirs and assigns from any and all liabilities, claims, demands, damages, costs, expenses, actions and causes of action present or future on account of any injuries (including illness) to my person or property, or the person or property of my minor child, arising out of or in connection with our participation in the Seminary String Camp or the use of the property and facilities of The Southern Baptist Theological Seminary.

I agree that any injury or accident that occurs because of my or my child's violation of Seminary String Camp policies shall be solely the responsibility of the student or his or her parent(s) or guardian(s).

I also understand that photos, audiorecordings, or videorecordings of myself or my child may be taken or recorded by the Seminary String Camp and used for promotional purposes by The Southern Baptist Theological Seminary or the Seminary String Camp and I hereby grant my permission to do so.

My signature below signifies my understanding and acceptance of the terms listed above. Name of student attending Seminary String Camp:

Student Name (Please print clearly): _____

Signature of Parent/Guardian (or Student if of legal age):

_____ Date: _____

In order that we may better serve your child, please indicate below any food allergy or medical condition that you would like SSC staff to be aware of:
