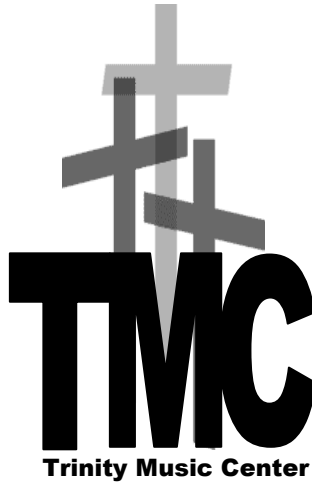


For Office Use Only

Date received: _____

Check Number: _____

Cash: _____



**Children's Music Camp
Parent Consent Form**

Student Name: _____ Gender: Male/ Female Age: _____

Parent Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

INSURANCE INFORMATION

It is the responsibility of the parent/guardian to provide family insurance coverage for their student's participation. I understand that Trinity Music Center and Trinity Lutheran Church do not assume financial responsibility for accidents incurred during camp.

EMERGENCY CONTACT INFORMATION

In the event of an emergency, if I cannot be reached please contact the following person(s) listed below.

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

PAYMENT

Please submit student tuition payment in the amount of \$200 with this form. Please inform us if you know that your child will **NOT** be attending a specific class- you will **NOT** be charged for this class. Ask about our sibling discount and additional payment options!

I hereby give my son/daughter permission to participate in Trinity Music Center's Children's Music Camp program. I have also attached to this form payment in the appropriate amount.

Parent/Guardian Signature

Date