

# LaGrange Symphony Orchestra

## 2018 Camp Application

**Name of Camp:** *Ovation Music Camp*

**Camp Dates:** July 23 – 27, 2018

**Camp Location:** LaGrange College – Westside Music Department  
Panther Way – LaGrange GA  
On the Callaway campus of Lagrange College  
Across the street from Price Theatre

**Camp Hours:** 8:45 a.m. – 11:45 a.m., Monday – Thursday  
8:45 a.m – noon, Friday

**Camp Cost:** **Application and non-refundable deposit of \$50 should be received in LSO office by **May 25**. Total Fee of \$125 is due by **June 20**. An “Early Bird” rate of \$100 is available to anyone who pays the full \$100 by the May 25 deposit date.**

**Campers:** This camp is open for students between the ages of 6-18 at all levels of advancement who are interested in violin, viola, or cello

**PARENTS:** **By May 25, please complete the attached forms and return them, along with deposit or full payment, to:**

**LaGrange Symphony Orchestra  
P.O. Box 2321  
LaGrange, GA 30241**

**Forms may also be brought to our office on the 2<sup>nd</sup> floor of SunTrust Bank at 301 Church Street.**

Please retain this page as info for your own use as you plan your summer.

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## 2018 Camp Application

### Name of Camp: *Ovation Music Camp*

Participant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Instrument:  Violin  Viola  Cello How long has the child been playing? \_\_\_\_\_ yrs.  NEW

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ 2018-2019 Grade \_\_\_\_\_ Gender  Female  Male

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Parents'/Guardian Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Person to call in case of an emergency (other than parent/guardian) \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

T-Shirt size (Circle) **Youth** S M L XL **Adult** S M L XL XXL

### INSURANCE INFORMATION

Do you carry medical/hospital insurance?  Yes  No

Name of Family Physician \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone \_\_\_\_\_

### MEDICAL INFORMATION

Does your child have any medical conditions and/or disabilities of which we should be aware?

Yes  No If yes, what? \_\_\_\_\_

Does your child have any emotional/behavioral/psychological problems?

Yes  No If yes, what? \_\_\_\_\_

Is your child sensitive or allergic to any drugs?

Yes  No If yes, what? \_\_\_\_\_

Is your child allergic or reactive to any foods, insect bites/stings, etc.?

Yes  No If yes, what? \_\_\_\_\_

Is your child presently taking any medication?

Yes  No If yes, list medication(s): \_\_\_\_\_

## CAMP PARTICIPANT WAIVER AND RELEASE OF LIABILITY FORM

In Consideration of being allowed to participate in any way in this music camp program, and related events and activities, the undersigned:

1. Execute this Agreement in consideration of my child being permitted by the LaGrange Symphony Orchestra to participate in the **Ovation Music Camp**, sponsored by the LSO and held on the campus of LaGrange College in LaGrange, Georgia, **July 23-27, 2018**. I understand the camp may include but not be limited to the following activities:
  - a. Music performance and theory lessons
  - b. Low impact recreation
  - c. Snacks
  - d. Recital on the closing day of camp
2. Represent and warrant that my child is able to safely participate in these activities.
3. Recognize that there may be risks or hazards directly or inherently involved, making these and related activities potentially dangerous. With full knowledge and appreciation of these potential risks and hazards, I voluntarily grant permission for my child to participate in them, including all risks of loss or limb or life, property damage, or injury to others.
4. Agree, on behalf of myself, my child, our family, heirs and legal representatives to release LaGrange Symphony Orchestra, its agents, employees, officers, and directors, from any liability for damage or loss to my child's person or property which may arise out of his or her participation in this camp.
5. Grant permission for LaGrange Symphony Orchestra, its agents or employees to obtain necessary medical attention in case of sickness or injury to my child. I consent to any necessary emergency medical examination, diagnosis, or treatment that may occur before I can be located and agree to be responsible for costs of such medical services.
6. Give LaGrange Symphony Orchestra, its employees, licensees, and agents the absolute and irrevocable right and permission with respect to the photographs, audio, or video images taken of my child or me or in which my child or I may be included with others to:
  - a. Copyright the photograph/audio/video footage in the Symphony's name
  - b. Use, re-use, publish and republish the same in whole or in part, individually or in conjunction with other photographs/footage, in any medium, for the instructional, promotional, public relations and/or advertising efforts of LaGrange Symphony Orchestra
  - c. Release and discharge LaGrange Symphony Orchestra, its board, officers, employees, licensees and agents from any and all claims and demands arising out of or in connection with the use of the photographs including all claims for invasion of privacy and appropriation.
7. Willingly signed this after have fully informed myself of the contents of this Agreement by reading it before I signed it.
8. Agree, on behalf of myself, my family, heirs and legal representatives to release, waive, and forever discharge LaGrange Symphony Orchestra, its agents, employees, officers, and governing board from and against any and all liability, claims and actions that may arise from injury or harm to my child, from my child's death or damage to my child's property in connection with this camp. I understand that this release covers liability, claims and actions caused entirely or in part by any acts or failures to act of LaGrange Symphony Orchestra (or its governing board, employees or agents.)
9. Acknowledge that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Georgia, and that if any portion of this Agreement is held invalid, any such findings shall not affect the validity of the remaining provisions which shall remain in full force and effect.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

\_\_\_\_\_  
NAME OF STUDENT (print)

\_\_\_\_\_  
NAME OF PARENT OR GUARDIAN (print)

\_\_\_\_\_  
RELATIONSHIP TO STUDENT (print)

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE