

# LaGrange Symphony Orchestra 2023 CAMP APPLICATION - (page 1 of 2)

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

**Camp Dates:** July 17– 20, 2023

**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 – Wednesday  
8:45 a.m – noon, Thursday  
Family and friends are invited to a free concert at 11:00 on Thursday morning.

**Camp Cost:** Application and **non-refundable deposit of \$50 should be received in LSO office by July 6. Total Fee of \$100 is due by July 14.**

**Campers:** This camp is open for students between the ages of 8 -18 who are interested in violin, viola, cello or bass and already play the instrument. This is NOT a camp for beginners.

**PARENTS: By July 6, please complete this form and return it to our office, either electronically (a submit button is at end of this form) with a PayPal payment: ([link on website](#)), or by mail, along with an enclosed deposit or full payment, to:**

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

**NOTE:** If using [PayPal](#), be sure to include the young musician's name and the word "CAMP".

*\*Please fill out both pages of this application.*

Participant's LAST Name \_\_\_\_\_ FIRST Name \_\_\_\_\_

T-Shirt size (Check one)      **Youth:**    S    M    L    XL    or **Adult:**    S    M    L    XL    XXL

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_    2023-2024 Grade \_\_\_\_\_

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 \_\_\_\_\_

**INSURANCE INFORMATION**      Do you carry medical/hospital insurance?      Yes      No

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

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

**CONFIDENTIAL MEDICAL INFORMATION** (in case of emergency and medical staff needs info before a parent arrives)

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 of which we should be aware?      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**

1. In Consideration of being allowed to participate in any way in this music camp program, and related events and activities, the undersigned: 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 17-20, 2023**. I understand the camp may include but not be limited to the following activities:  
    Music performance and theory lessons, Low impact recreation, Snacks, 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: Copyright the photograph/audio/video footage in the Symphony's name  
    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  
    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: \_\_\_\_\_