

**Please circle camp applying for:**

Beginner Piano Camp (July 12-16 9am-Noon)	Intermediate Piano Camp (July 19-23 9am-Noon)	Guitar Camp
Artrageous Camp Week One (July 5-9 - 9am-1pm)	Artrageous Camp Week One (July 5-9 - 1pm-5pm)	Artrageous Camp Week Two (July 12-16 - 9am-4pm)
Artrageous Camp Week Three (July 19-23 - 9am-4pm)	Recycled Rhythm (July 26-30 - 9am-1pm)	Recycled Rhythm (July 26-30 - 1pm-4pm)
Amazing Artist Camp (July 26-30 - 9am-1pm)	Amazing Artist Camp (July 26-30 - 1pm-5pm)	Worship Drumming Workshop (August 7 - 9am-4pm)

## 2010 Application for Intune Summer Arts Camps

**CAMPER INFORMATION** (Please Print)

Date of Application: \_\_\_ / \_\_\_ / \_\_\_

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: M F

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\*\*\*\*\*

**PARENT/GUARDIAN INFORMATION:**

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

\*\*\*\*\*

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Email: \_\_\_\_\_

\*\*\*\*\*

**Please list two emergency contacts if parents/guardians are not available:**

1. Name/Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. Name/Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Persons authorized to pick up child \_\_\_\_\_

\_\_\_\_\_

# **2010 MEDICAL RELEASE**

Intune School is committed to providing individual attention to each camper who attends our programs. To ensure the good health and safety of your child, please complete and return this form. Children will not be permitted to begin class without a signed medical release. Thank you for your cooperation. *(Please use and attach a separate piece of paper if needed.)*

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Parent/Legal Guardian \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Name of Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

Name of Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

Does your child wear glasses and/or contacts? \_\_\_\_\_

Please list physical injuries or chronic health problems that we should be aware of e.g. asthma, epilepsy, etc.

\_\_\_\_\_  
\_\_\_\_\_

List any medical restrictions or allergies including food allergies:

\_\_\_\_\_  
\_\_\_\_\_

List any medications your child is taking or any other information that we should be aware of:

\_\_\_\_\_

## **Medical Agreement\***

I agree that the Intune Summer Camp Instructor and/or Intune School of the Arts Director may authorize the physician of their choice to provide emergency care for my child(ren) in the event that neither I nor the family physician can be contacted immediately. I understand that I am solely responsible for all medical expenses incurred by my child(ren) while enrolled in an Intune Summer Arts Camp.

\_\_\_\_\_  
Parent (or Legal Guardian) Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent (or Legal Guardian) Signature

*\*Any changes in the above information will need to be submitted immediately. It is vital to be able to reach you in the case of emergency.*