

Apollo Strings

Summer Music Camp



Please print this form, fill it out, scan it, and return to apollostrings@yahoo.com

Apollo Strings Registration Form

Name of Student _____ Grade for 2022-23 School Year _____

School Name _____

Instrument: Violin ____ Viola ____ Cello ____ Years of Experience _____

Emergency Contact (Name) _____ Relationship _____

Two phone Numbers _____

Parent's Email Address _____

Parent Names _____

Does your child have any food allergies or other medical conditions we need to know about?
(please list)

Medical Insurance Information

ID Number _____

Group Number _____

Insurance Company _____

Number to Call _____

Person Responsible for Policy _____

Photo Release Waiver

I, _____, the parent or legal guardian of _____
[Child] grant Apollo Strings Summer Music Camp my permission to use the photographs from
the camp for any legal use, including but not limited to: publicity, copyright purposes,
illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to
me.

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Printed Name: _____

Child's Name: _____