



# Greater Richmond School of Music

## REGISTRATION FOR: Summer Camps 2018

\*\*\*\*\* Registration Deadline is 2 weeks before start of each camp \*\*\*\*\*

Responsible Party Name \_\_\_\_\_

**Responsible Party Signature** I hereby take full responsibility for payments to GRSM Holdings, LLC dba Greater Richmond School of Music and have read and agree to the Studio Policies below. If applicable, I authorize the Greater Richmond School of Music to charge the credit card listed on this form.

\_\_\_\_\_ Date: \_\_\_\_\_

Check here if your information is already on file and has not changed  skip to sign-ups on page 2

Email \_\_\_\_\_

Primary Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Address \_\_\_\_\_

### Permission to Pick Up (other than those listed above)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

My child is allowed to drive himself/herself to and from camp \_\_\_\_ Yes \_\_\_\_ No

My child is allowed to ride/walk to and from camp \_\_\_\_ Yes \_\_\_\_ No

### School Summer Camp Policies

1. Payment must be made in full at the time of Registration, and is **non-refundable after camp has been Confirmed**.
2. The Directors reserve the right to cancel any Camp containing less than 6 (six) students enrolled 2 weeks prior to the start date of the Camp. The maximum class size is dependent on each particular Camp. If a Camp is cancelled, a full refund of the amount already paid will be issued.
3. If a teacher must be absent from class for reasons beyond his/her control, the class will be taught by a substitute approved by the faculty of the Greater Richmond School of Music, or if impossible to do so, a refund in the amount of the class will be given to the student.
4. It is important to keep your Camp classes a priority. Time lost through absenteeism may result in an inability to perform in any ending performance that may be offered in your Camp.
5. Parents are responsible for their child's behavior. Please respect the instruments and property of the Greater Richmond School of Music as well as of our external locations and those around you.
6. The Responsible Party (and all students listed on this agreement) hereby allows use of any photographs and/or videos taken of students by the Faculty of the Greater Richmond School of Music for publicity use by the Greater Richmond School of Music.
7. The Responsible Party (and all students listed on this agreement) hereby agrees to indemnify GRSM Holdings LLC dba Greater Richmond School of Music and hold and save the Greater Richmond School of Music harmless from and against any and all claims, actions, liabilities, demands, loss, damages or expenses of whatever kind or nature, including attorney's fees, which may at any time be incurred by reason of participation in any activity at the Greater Richmond School of Music, or sponsored by the Greater Richmond School of Music at a separate location.

### Please Note

- Since some camps may fill quickly, we ask that you provide your **top 2 choices for Session Date/Time (where applicable)**.
- **Unless otherwise stated (and other than keyboards and drum sets) students must bring their instrument in order to take part in the camps. In-class only guitar and ukulele rentals are available through GRSM for and additional \$15.**

**Student 1**

Full Name \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ M/F \_\_\_\_\_

Special needs/Allergies \_\_\_\_\_

**Student 2**

Full Name \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ M/F \_\_\_\_\_

Special needs/Allergies \_\_\_\_\_

**Student 3**

Full Name \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ M/F \_\_\_\_\_

Special needs/Allergies \_\_\_\_\_

**Summer Camp Sign-Up**

Name of Student	Camp Name (Please include Instrument and Experience where applicable)	Location	Session Date (1 <sup>st</sup> Choice)	Session Date (2 <sup>nd</sup> Choice)	Tuition (+Rental)

TOTAL \_\_\_\_\_

**\*\*\*\* REGISTRATION IS NOT COMPLETE UNTIL PAYMENT IS RECEIVED \*\*\*\***

Payments *(Make checks payable to GRSM)*

**Completed Registration Form should be scanned and emailed to [info@grsm.net](mailto:info@grsm.net) or faxed to 866-357-0239 alternately**

**All materials may be mailed to: GRSM, 9109 Dickey Dr. Mechanicsville, VA 23116**

**Credit Card Information**

Name on card \_\_\_\_\_ Card type \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration date \_\_\_\_\_

3/4 digit code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

How did you hear about us? \_\_\_\_\_