

Hello Strings Summer Camp APPLICATION

August 19-23, 2024

PLEASE PRINT CLEARLY AND LEGIBLY:

First and Last Name:	Instrument Played:
Home Address:	City:
Home Phone:	Cell Phone:
Email Address:	
How long have you been playing this instrument?:	
What piece of music are you currently working on? (Include the title of the book the piece comes from if possible.)	
Age (if under 19):	

EMERGENCY INFO ***REQUIRED***

Emergency Contact Name/Relationship:	Emergency Contact Phone Number (s):
ALLERGIES OR OTHER CRITICAL MEDICAL CONDITIONS:	CARRY EPIPEN OR OTHER CRITICAL MEDICATION?:

COMMITMENT AND CONSENT

1. MEDIA IMAGES: Hello Strings activities may be photographed or filmed for publicity purposes. In the event the person named above is recognizably depicted in such images, I consent to their use by the Hello Strings in brochures, web pages, press releases, social media, posters, news articles and the like.

2. LIABILITY: I agree not to hold the Hello Strings, or its Directors, Members, or Volunteers responsible or liable for loss, injury or accident in connection with participation in classes, rehearsals, performances, social events, workshops, or other activities sponsored or arranged by the Hello Strings.

Applicant's Signature/Parent or Guardian Signature

Date

Is there anyone who is NOT allowed to pick up your child from summer camp? Name:

AMOUNT PAID: Early Bird (Before July 30th) - \$230 _____
 After July 30th - \$250 _____

Date: _____

Cash Chq# Etransfer

Cheque addressed to SSO (Strathcona Symphony Orchestra)

E- transfer: gohellostrings@gmail.com