

Mansfield Music Mentors Summer Camp Registration Form



Camper's Name : _____ Age : _____

Main Instrument(s) : _____ Years experience: _____

Additional Instrument(s): _____ t-shirt size: _____

Contact Info

Parent/Responsible Adult : _____

Email: _____

Primary Phone Number : _____ Alt. Number : _____

Secondary Contact : _____

Primary Phone Number : _____ Alt. Number : _____

Select week(s) of camp you are registering for: _____ Week 1 _____ Week 2

Food allergies or special diets? Please elaborate:

Please list any medical issues that may affect your child during the camp (i.e. seizures, etc.):

NOTE: If your child needs to take medication during camp hours, a responsible adult will need to bring the medication and administer it. We do not have medical staff on the premise.

PHOTO RELEASE/CONSENT FORM

During our summer camp, we will post photos and videos of our campers on our various social media platforms (Instagram and Facebook). We also post pictures of the summer camp on our website www.mansfieldmusicmentors.com.

These photos are purely for promotional and social media purposes.

I, _____, grant permission to Mansfield Music Mentors to take photos and videos of my child/camper to use and publish on the internet without compensation now or in the future, whether that use to me is known or unknown.

This grant of use includes but is not limited to advertisements, social media posts, website publication, and whatever else Mansfield Music Mentors uses the media material for.

Signature : _____ Date : _____