

Registration Form

Summer Chamber Music at St. Paul's, July 15-19, 2024
1658 Excelsior Ave. Oakland CA 94602



Participant's Name _____ Age of participant _____

Parent or Guardian Name, if applicable! _____

Email address(es) _____

Phone Number(specify) _____

Home Address _____

Gender: F ___ M ___ other ___ pronouns: she/her/hers ___ he/him/his ___ they/them ___

Current School, if applicable _____ grade _____

Instrument _____ Years Playing _____ Private lessons? _____

Name of Private Teacher, if applicable _____

Current Piece _____

Emergency Contact Name, other than participant _____

Emergency Phone # _____

Known Allergies _____

Release to Use Images & Likenesses

I understand that Glenview Strings reserves the right to take photographs and videos of, or quotes from, participants throughout Camp to be used without limitation or compensation for publicity purposes (brochures, web site, magazine articles, etc.) in future Glenview Strings and Park Blvd. Presbyterian Church materials.

Release of Liability

By signing this Waiver, I expressly warrant that the child named below is capable of withstanding both the physical and mental demands of Chamber Music at St. Paul's activities. I also assume all risks of the participants in the activities, whether such risks are known or unknown to me at this time. In addition, I will take full financial responsibility for repairs needed by any unforeseen damage to the property or grounds of St. Paul Lutheran Church attributed to me or my child. I further release this Summer Camp Workshop, St. Paul Lutheran Church and its employees, from any claim that my child or I may have against them as a result of injury or illness incurred during the course of participation in the activities. I further agree to indemnify and hold Chamber Music at St. Paul's employees, volunteers, or agents harmless from any and all claims arising from me or my child's participation in its activities and programs, or as a result of injury or illness of me or my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be an occasion where me or the child named below may need first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of this organization to seek and secure any needed medical attention or treatment for me or the child including hospitalization, in the event of an emergency. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery, and, again, I agree to pay for the medical treatment. I give permission for the Camp staff or other medical staff to give over-the-counter medications as needed. I give permission to transport me or the child named above to a medical treatment center in a non-emergency or emergency vehicle in a medical emergency situation.

Please sign and return the complete form to Chamber Music at St. Paul's

My signature indicates that I have read, understood, and will abide by these policies as set forth by Chamber Music at St. Paul's.

Date: _____

Participant's Full Name _____

Parent/Guardian's Name (print) _____

Parent/Guardian's Signature _____