2018 DSO Summer String Camp & Chamber Music Camp Registration Form*

**A non-refundable deposit of $30 must be received with your registration form to reserve your place at camp.*

Please complete all three pages of this form

Student Information:

Student Name: _____ ☐ Female ☐ Male
First Last

Address: _____
(Please provide primary mailing address) City State Zip

Date of Birth: _____/ _____ / _____ Home Phone: (_____)_____ Cell Phone: (_____)_____

Student E-mail*: _____(If none, please write "n/a")
PLEASE PRINT CLEARLY

School (Fall 2018): _____ Grade (Fall 2018): _____

T-shirt Size (circle one): Youth Small Youth Medium Youth Large
Adult XS Adult Medium Adult Large Adult XL Other: _____

Camp Information:

Please select the camp you will be attending:
☐ String Camp (day) ☐ String Camp (overnight) ☐ Chamber Music Camp (day) ☐ Chamber Music Camp (overnight)

Please list all previous years you have attended a DSO summer camp: _____

Overnight Campers Only:
Roommate request *(please note that your preferred roommate must also list your name on their application):*
_____

Instrument & Instructor Information:

Instrument: ☐ Violin ☐ Viola ☐ Cello ☐ Bass Years experience on instrument: _____

Are you in your school's orchestra program? ☐ Yes ☐ No → *If "yes", please complete the information below:*

School Orchestra Teacher: _____

School Name and City: _____

Do you take lessons with a private instructor? ☐ Yes ☐ No → *If "yes", please complete the information below:*

Instructor name: _____
First *Last*

Instructor's e-mail address: _____

Instructor's phone number: _____

Parent/Guardian Information:

Parent/Guardian #1 Name: _____
First Last

Address: _____
(If different from student's) City State Zip

Cell: (____) _____ Home Phone: (_____)_____ E-mail*: _____
PLEASE PRINT CLEARLY

Occupation: _____ Place of Employment: _____

Parent/Guardian #2 Name: _____
First Last

Address: _____
(If different from student's) City State Zip

Cell: (____) _____ Home Phone: (_____)_____ E-mail*: _____
PLEASE PRINT CLEARLY

Occupation: _____ Place of Employment: _____

** Correspondence regarding the DSO Summer Camps will take place via email. Please provide at least **one valid e-mail account** that is checked on a regular basis. In the event you have no internet access, please write, **"no internet access"** and we will contact you via phone.*

Transportation Release:

Please list who will be responsible for taking your child to and from camp. You may add or remove names at any time, but for safety reasons your child will only be released to persons on this list. Parents/Guardians should be listed.

Person: _____ Relationship: _____
Person: _____ Relationship: _____
Person: _____ Relationship: _____
Person: _____ Relationship: _____

My child has permission to drive himself/herself: ☐ Yes ☐ No

Photo and Video Release:

I hereby grant permission for the Dubuque Symphony Orchestra to use my child's photograph and/or videos of Summer Camp participants for the purpose of printed and online promotional materials and publications. I waive any rights of compensation or ownership thereto, and I acknowledge the Dubuque Symphony Orchestra's right to crop or treat the image/video. I also acknowledge that the Dubuque Symphony Orchestra may choose not to use my child's photograph/video at this time, but may do so at its own discretion at a later date.

Please initial one: Permission granted _____ (initial) Permission NOT granted _____ (initial)

Medical and Emergency Release:

Allergies & Medications

Is the student allergic to any medicines? ☐ Yes ☐ No If YES, please explain:_____

Is the student allergic to any foods? ☐ Yes ☐ No If YES, please explain:_____

Does the student have other allergies? ☐ Yes ☐ No If YES, please explain:_____

Please list any medications to be taken during camp, and full instructions on the use of each:

_____

_____

_____

Medications must be sent in their original containers or commercial packaging. No medications other than those listed may be brought to the program.

Are there any health concerns not listed above that may affect the student's participation in the program? ☐ Yes ☐ No

If YES, please explain: _____

_____

_____

In the case of a medical emergency, the Dubuque Symphony Orchestra has my permission to transport my child, by ambulance or other emergency rescue vehicle, to the nearest hospital for treatment (please initial below).

Please initial one: Permission granted _____ (initial) Permission NOT granted _____ (initial)

In case of emergency, the DSO Summer Camps should contact the following in order: (Please print clearly)

1) Name: _____ Relationship: _____ Phone: _____
2) Name: _____ Relationship: _____ Phone: _____
3) Name: _____ Relationship: _____ Phone: _____

I certify that all of the above information is accurate.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Please return completed registration forms, and address questions to:
Madalyn Mackey, Education Programs Manager
Dubuque Symphony Orchestra | 2728 Asbury Rd., Suite 900 | Dubuque, IA 52001
Phone: 563.557.1677 | mmackey@dubuquesymphony.org