

Woodwinds @ Wallowa Lake 2018

Registration Form

Dates: July 15-21, 2018 **Cost:** \$550.00 total (includes instruction, room & meals)
Location: Wallowa Lake Methodist Camp

Registration and \$275.00 non-refundable deposit accepted until July 1, 2018 OR until camp fills. After June 1, registrations will cost an additional \$25.00!! Balance is due upon arrival at Camp.

Make checks payable to: *Woodwinds @ Wallowa Lake*
Return this form with deposit to: *P.O. Box 636,*
La Grande, Oregon 97850

Your Name: _____ Amount enclosed: \$ _____

Your Parent/Guardians' Name(s): _____

*Parent Email: _____ *Student Email: _____

***Attention: Information will be sent via the above email addresses. BE LEGIBLE!**

Address: _____

City/State/Zip: _____

School: _____ Grade completed: _____

Parent Phone: _____ Instrument you will play at camp: _____

Returning camper? Yes _____ No _____; For How Many Years _____? Male _____ or Female _____

Band Director or Private Teacher Signature

(First-time campers only)

This student can perform a 2-octave chromatic scale utilizing alternate fingerings AND is aware that he/she will be required to perform a representative etude or solo piece for placement purposes on the first day of camp.

Student name: _____

Teacher or Director Signature: _____

Teacher or Director Name (print): _____

Permission to Participate in Activities

The following signature indicates my consent for my child to participate in activities such as hiking, go-karts, or lake swimming while attending *Woodwinds @ Wallowa Lake* camp July 15-21, 2018.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

Adult T-Shirt Size: XXL XL L M S (Circle One)

Cell Phones

The natural setting of camp is conducive to intensive development of music and personal skills. We have found cell phones distract from those goals; therefore, we ask you either to leave your phone at home or give it to camp staff for safe keeping at registration. A camp phone is available for emergency calls.

Publicity Release

May we use your photo for publicity? Yes _____ No _____

Carpooling

Do you wish us to release your phone/email to other campers in your area so you can arrange carpooling?
Yes_____ No_____

If yes, do you _____ Have ride-space to share *or* _____ Need a ride

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AUTHORIZATION FOR MEDICAL TREATMENT

The following signature indicates my consent for any medical treatment necessary while my child is attending *Woodwinds @ Wallowa Lake* camp between July 15-21, 2018.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

My child (check one) ___ is ___ is not ___ covered by medical insurance.

Name of Insurance Company: _____

Policy Number: _____ ID Number: _____

My child has the following allergies:

My child is currently taking the following medications:

For the following condition(s): _____

Any dietary restrictions/preferences: _____ Vegetarian? Other? _____

Emergency Contact phone other than home: _____

Questions? Call Kelly Hardy at: (541) 519-4026, email: wwmanager.musicccamps@gmail.com