

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Date of Birth: _____ Age: _____ Grade: _____ Male or Female: _____

Parent/Guardian Name: _____

Parent/Guardian Work Phone: _____

Parent/Guardian Email: _____

Instrument: _____ Years of study: _____

Private Teacher: _____ Phone: _____

Band/Orchestra Director: _____ Phone: _____

Examples of most recent repertoire studied: _____

Special music awards or citations (state/local festivals, ratings): _____

How did you learn about the Millsaps College Chamber Music Camp?

T-shirt size (Please circle) :

Youth: Small Medium Large

Adult: Small Medium Large Extra Large

**** Registration Deadline: July 11 ****

_____ \$100 Nonrefundable Deposit Enclosed (Balance is due by July 11)

_____ Full Payment of \$250 Enclosed

**** Refunds will be given less the \$100 nonrefundable deposit until July 11. ****

_____ Check Enclosed (Payable to Millsaps College)

_____ MasterCard _____ Visa _____ Discover _____ American Express

Cardholder's Name: _____

Acct Number: _____ Expires: _____

Signature: _____

Suggestions for Enjoying the Camp

Unless specified in a camp or workshop’s confirmation information, refreshments are not provided. Breaks are planned at the discretion of the director. During breaks, participants may enjoy a snack from home or take advantage of snack and beverage machines at the facility where the camp or workshop is being held.

Rules and Regulations

Every participant will be required to comply with the rules and regulations of Millsaps College and the camp or workshop. Any violation or abuse of the rules will cause immediate dismissal from the camp or workshop without refund. It is the responsibility of each participant to provide his/her own medical insurance should an injury occur.

Medical and Liability Releases (Required)

I/we, the parent(s) or legal guardian(s) of _____, applying as a camper at Millsaps College, do give my/our permission for my child to receive emergency medical and surgical treatment procedures of any kind and nature, which may be deemed advisable by any physician who may attend or treat my child at or during all activities.

I/we also release, absolve, and fully forgive and further agree to indemnify and hold harmless Millsaps College and all persons and entities associated with Millsaps College from any and every claim, demand, action, or right of action, of whatever kind or nature, either in law or in equity arising from or by reason of any injury or death to my child or property damage. THIS AGREEMENT IS GIVEN IN CONSIDERATION FOR MY/OUR CHILD BEING ALLOWED TO PARTICIPATE IN THE AFORESAID CAMP.

Parent/Guardian Signature

Date

Publicity Release (Optional)

I/we, the parent(s) or legal guardian(s) of _____, grant to Millsaps College and its assigns, the irrevocable and unrestricted right to use and publish photographs and/or videos of my child, or in which my child may be included for editorial, trade advertising and any other purpose and in any manner of medium and to copyright the same. I hereby release Millsaps College and its legal representatives and assigns from all claims and liability relating to said photographs and/or videos.

Parent/Guardian Signature

Date

Mail to:
Millsaps College Chamber Music Camp
Continuing Education
1701 North State Street
Jackson, MS 39210

Fax to:
601-974-1137

For more information, please call:
601-974-1130