

# THE SUMMER BAND PROJECT

## -Holiday program registration form-

Thank you for registering you son/daughter to The Summer Band Project! Please fill out the details below and send to the email provided below. Registrations close on the 1<sup>st</sup> of January 2017. The cost for the week is \$150 p/p. An invoice will be sent once your registration has been received.

Caregivers Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contacts (other than care-givers details above):

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_

### People who can collect your child: (other than those listed above):

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone No: \_\_\_\_\_

### Child's details:

Name: \_\_\_\_\_

Major instrument (please circle one): guitar/bass/drums/keys/vocals/other: \_\_\_\_\_

Secondary instrument of choice for the week (please circle one): guitar/bass/drums/keys/vocals

### Additional Information:

Does your child have any health needs that we need to be aware of? (eg allergies, medical conditions...):

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Are they required to take medication during the day? YES / NO

Is there anything else we should know about so that we can take good care of your child? (eg. Custody arrangements, special needs, behavioral issues etc):

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PTO for permissions and signature:

- ⇒ I acknowledge that there are unavoidable risks and that there is a potential for injury or accident during this holiday program. The staff of The Summer Band Project will manage these risks as required by law. Participants of this holiday program are required to follow all instruction by staff while on the program.
- ⇒ I am aware that any instrument my child brings to the holiday program is at our own risk, and that it is my child's responsibility to look after their instrument/any other gear brought along. The Summer Band Project will not be held liable for any damage or loss.
- ⇒ I understand that the personal liability claims in New Zealand are entirely contained in the Accident Compensation Act and that I release The Summer Band Project from any liabilities for damages, loss or injury that can be made against ACC.
- ⇒ I understand that The Summer Band Project is not a program run through Emmanuel Christian School, and that the school holds no responsibility for damage, loss or theft. However, Emmanuel Christian School have done everything in their ability to provide a safe environment for this program to be held.
- ⇒ It is my responsibility to notify staff of The Summer Band Project of any changes to my child's circumstances including contact information.
- ⇒ I give permission for photos and video footage to be taken of my child during the program and that it may be used for any future publicity purposes.
- ⇒ I understand that all fees must be paid before 9am Monday the 16<sup>th</sup> of January, otherwise children will not be permitted to attend the program. I also understand that no refund will be given if my child is withdrawn from the program within 24 hours of the program commencing, or decides to stop attending before the has finished.
- ⇒ Staff of The Summer Band Project reserve the right to send a child home at any time in the event of bad/disrespectful behavior or any other circumstance which we deem inappropriate, and a parent/caregiver will be notified and expected to come and pick up their child immediately.
- ⇒ I understand that my child must be signed in and out of the program by one of the contacts given on this enrolment form. If someone else is to pick up my child that is not on this form it is my responsibility to notify the staff of The Summer Band Project. Staff will not release any child to anyone not named on this enrollment form.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

To hand in enrollments, scan & email to this address: [grace.inspiremusic@gmail.com](mailto:grace.inspiremusic@gmail.com)

Or mail to Grace McLean, flat 3/67A St Albans Street, 8014 Christchurch, by the 1<sup>st</sup> of January 2017.

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