



Navigating the Musical Journey

Music Camp Application

Name: _____

Returning Camper: _____ (yes or no)

D.O.B(mm/dd/yyyy): _____ / _____ / _____ Age(at time of camp) _____

Name of Campers School: _____ Current Grade _____

Campers Email (if applicable): _____

Family/Caregiver Information

Campers Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian 1: _____

Home Phone: _____ - _____ - _____ Cell _____ - _____ - _____

Work Phone: _____ - _____ - _____ ext _____

Email: _____

Parent/ Guardian 2: _____

Home Phone: _____ - _____ - _____ Cell _____ - _____ - _____

Work Phone: _____ - _____ - _____ ext _____

Email: _____

Camp Instrument

Applicants please request 1 primary instrument:

- Electric Guitar**
- Acoustic Guitar**
- Bass**
- Piano**
- Vocal**
- Drums**
- Horn (brass or woodwind) _____.**
- String (violin, cello, banjo, mandolin, harp,etc...) _____.**
- Ukulele**

How long has the camper been playing their instrument?

What other instruments can the camper play?

What musical genres does the camper listen to?

Name some of their favorite bands:

Camper T-Shirt Size : **Adult S** **Adult M** **Adult L** **Adult XL**

Youth S **Youth M** **Youth L** **Youth XL**

Medical/ Behavioral/Dietary/Social

These questions will assist our volunteers and staff in caring for your child and creating a positive experience. This information will be kept confidential, and shared only with the camp nurse and staff as necessary to provide proper care. We believe in providing a supportive and inclusive environment that meets campers "where they are" mentally, physically, and developmentally. To the greatest extent possible, we seek to make adaptations and work with families to ensure that we are able to provide adequate support and create a framework for a positive camp experience for their camper. Routine medications – Is the camper taking any routine medications? If yes, please list ALL medications taken routinely (including over-the-counter or nonprescription drugs) and include name, dosage, and frequency.

_____ No medications. _____ Yes: _____

Allergies – Please list all known allergies that this child has and describe reaction and authorized management of the reaction in each case.

Medication allergies (e.g. penicillin): _____

Environmental allergies (e.g. pollen): _____

Food allergies(e.g.peanuts): _____

Dietary restrictions: _____

Does the camper have any medical or behavioral issues the camp staff should know about?

_____ No. _____ Yes: _____
