

Georgia Academy of Music
2010 Musical Beginnings Summer Camp for Ages 3.5-5

Camp is from 10:30-1:30 Monday through Friday on the indicated dates below.

Please Circle your choice(s)

A student may register for one or more weeks.

Each week of camp is made up of different curriculum and themes.

June -June 11/ June 14-18

July 27-30/ August 2-6

Campers should bring a lunch and drink daily.

A late morning snack is provided.

Student's Name _____ *Age* _____

Address _____ *Parent's Name* _____

City, State, Zip _____ *Home Phone* _____

e-mail address _____ *Work Phone* _____

cell phone _____ *Billing name* _____

Tuition

Tuition for summer camp is \$135 per week.

Tuition is non refundable.

*If paying by check please make payable to
The Georgia Academy of Music and mail to:
P.O. Box 250347 Atlanta, GA. 30325*

Mastercard and Visa Cards are also accepted.

Please check payment method below.

Paying by check _____ *Paying by credit card* _____

**Mastercard or Visa #* _____

Expiration date _____

** If paying by Credit Card there is a 2% surcharge fee.*

Authorized Person(s)for child's pickup _____

Signature _____ *Date* _____

Georgia Academy of Music Fax 404-350-0000 Phone 404-355-3451

www.gaom.us/ email: musicgam@bellsouth.net

Please complete the Medical Release Form on back

***The Georgia Academy of Music
Summer Musical Beginnings Camp
Medical Release Form***

Name of Child _____

Name of Parents _____

Address _____

Emergency phone number _____

Family Pediatrician _____

Pediatrician's phone number _____

The entity "The Georgia Academy of Music" in this agreement refers to the Georgia Academy of Music, Inc. and all of its summer programs including Musical Beginnings Camp and Musical Theater Exploration Camp.

In the event of an emergency requiring immediate medical attention, the staff members of The Georgia Academy of Music are authorized to consent to such medical treatment as is deemed immediately necessary. I further understand that I or the persons whose emergency telephone numbers appear on the registration form will be notified as quickly as possible and that my child's pediatrician will also be called if necessary. Furthermore, I understand that Health Insurance for my child is not the responsibility of The Georgia Academy of Music.

I, my spouse, nor my child, will hold The Georgia Academy of Music liable for any accident, loss, or injury to my child while attending The Georgia Academy of Music.

Signed _____

Relationship _____

Date _____

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