CORI BELLE

Piano Camp 2024 Registration

(One form per camper)

Your child's registration will not be complete until the registration packet AND payment have been processed. If you have questions, e-mail cori@coribelle.com.

Child's Name:							
T-Shirt Size (circle one):	YS	ΥM	YL	YXL	AS	S AM	
Birthdate: Grade as of Fall:							
Parent Name(s):							
Address:							
City:						Zip:	
Primary Phone:	Secondary Phone:						
Primary E-mail:							
How did you hear about Pi	ano Ca	mp?					
Which week of Camp are y	ou reg	ister	ing f	or?			
☐ The Great Music Ra	ce: Jun	e 17-	20 (I	Monda	y-Thu	nursday, 10am-12noon)	
MSA: Musical Secre	t Agen	t Car	np: J	une 2	4-27	' (Monday-Thursday, 10am-12noon)	
ages 6-10. If the minimum of is full, you will be notified an	4 stude d have t	ents is	s not otion	met, th of beir	ne can ng put	Creek High School, and are limited to 4-8 students amp will be cancelled and payment refunded. If camput on a waiting list. If you choose not to wait for an re camp, your payment will be refunded.	
Each Piano Camp is \$125 for for both camps receive a \$25		•	rs; \$1	00 for t	those	e currently in my piano studio. Campers who sign up	
I give permission fo social media, or pri			•	•		os or video of my child at camp in future website, will be mentioned)	
I <u>do not</u> give permis website, social med						se photos or video of my child at camp in future	
By printing your name and in Piano Camp 2024.	date b	elow	you	have	read,	d, understand and choose to register your child	
Parent/Guardian Signature	e:						
Print Name:						Date:	

Please fill out medical information on page 2 of this registration packet.

Medical Care and Treatments

	er that your child receive prompt and appropriate medical treatment when you cannot be ed, you must fill out this form and the medical statement.							
	I attest that my child is in good health and able to actively participate in camp activities except as noted in this form. I take full responsibility to see that my child is properly prepared for camp and in good health.							
	I will not send my camper to camp with known symptoms of illness (fever, cough, congestion, upset stomach, etc.).							
	In case of medical emergency or need for medical treatment, after every reasonable effort has been made to contact me or one of the alternatives listed on this form or my child's Camp Registration form, I hereby give my permission to the physician secured by the camp to hospitalize, secure treatment for, and to order injection, anesthesia or surgery for my child named above. I authorize the camp manager to arrange and/or provide necessary related transportation for my child. I agree to be responsible for expenses incurred in the care and treatment of my child.							
	I have read, understand, and accept the Medical Statement above.							
Emerg	gency Contacts: Please list in order of availability							
Name	: Phone:							
Name	: Phone:							
Name:	: Phone:							
Does	your child have allergies? (circle one) No Yes (if yes, please list allergy and severity below)							
Does	your child's treatment require an Epi-pen? No Yes							
Medic	al Concerns: explain severity, treatment for any ongoing medical concerns:							
Hints	to help us with your camper:							
By sig	ning below, I acknowledge and agree to the information provided in this document.							
Paren	t/Guardian Signature:							
Printe	d Name:							
Date:								

Please send a snack and water bottle with your camper each day.

You are almost finished!

- Please scan and e-mail pages 1 and 2 of this document to cori@coribelle.com
- Send your payment via Venmo @Cori-Belle (image is piano keys, last 4 digits are 7656)
 - o Each Piano Camp is \$125 for new campers; \$100 for those currently in my piano studio.
 - o Campers who sign up for both camps receive a \$25 discount.

Once paid and your registration is reviewed, a confirmation e-mail will be sent to you within 48 hours. Thank you for registering for Piano Camp 2024!