



# 2012 Spring Break Camp Enrollment Form

See prices, locations and terms on website at [www.sordc.com/summer](http://www.sordc.com/summer)

Please complete the information below and return with your payment. Thank you.

**Enter Location:**

Location:  Ashburn  Vienna  Silver Spring

Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Instrument(s) to be played at camp (including vocals) \_\_\_\_\_

Number of years (months) experience for above instrument(s) \_\_\_\_\_

Tee-shirt size (youth M, adult S, M, L) \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address (Credit Card Billing) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Second Point of Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Tuition: Due in full at registration. Credit cards will be charged automatically for balance due.

My check enclosed for full tuition \_\_\_\_\_

Please charge my  Visa  MasterCard  AmEx  Discover

Card number:

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Expiration:

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Month Year

**Tuition is non-refundable.**

I have read and agree to the tuition and Policies & Waivers of the School of Rock.

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_

**If using a check** – mail or drop off completed form and check to:  
All Music Methods LLC, 11425 Green Moor Lane, Oakton, VA 22124

**If using credit card** – fax completed form to (703) 232-1048 or scan and email to [nova@schoolofrock.com](mailto:nova@schoolofrock.com)



## Spring Break Mini Boot Camp Enrollment Process 2012

Dear Parent or Guardian,

Thank you for your interest in our Spring Break Day Camp program. To ensure that your child is properly enrolled, please note the following:

### 1. Enrollment

Campers are enrolled on a first come, first served basis. There are a set number of slots for each camp, each instrument. We do not hold spaces for campers who have not turned in their Enrollment Forms/deposit payment. To ensure you get your desired slot, please do the following:

- Enrollment forms must be **completed and signed** at time of Enrollment
- Print all information **legibly**
- Medical, Emergency Contact and Permission Forms are **due prior to camp start date**. Campers without these completed forms will not be allowed to participate in the program until they are received.

The fastest way to get your Enrollment Form to us is to fax it to our secure, dedicated line on 703-232-1048. (Please note you may need to use a "1" when calling from certain areas.) You may also drop off your forms at one of our locations or mail them to: School of Rock, 11425 Green Moor Lane, Oakton, Virginia 22124. You may email completed forms to [nova@schoolofrock.com](mailto:nova@schoolofrock.com).

### 2. Confirmation

Once we receive and process your Enrollment Form, you will be sent a confirmation **via email**. **If you do not receive an email confirmation you should assume that we did not receive your Enrollment Form**. Please call 703-850-2100 to ensure we have the paperwork and that your camper is enrolled.

### 3. Payments and Due Dates

A 50% deposit is required to secure your camp slot at time of enrollment. Final payment is due on March 1<sup>st</sup>. Enrollments received after March 1<sup>st</sup> must be paid in full.

### 5. Communications

We communicate exclusively through email. Please make sure our information is not going into your Junk or Spam folders. If you are not getting any email correspondence, you should let us know immediately as it means we do not have a good email address for you. It is your responsibility to ensure we have your correct email address.

### 5. Refund Policy

Please note our refund policy which is **strictly enforced**.

**All deposits are non-refundable. Full payment is due on March 1<sup>st</sup> 2012. Failure to pay in full by March 1<sup>st</sup> 2012 may result in your slot being given to a waitlisted camper. Withdrawing after March 1<sup>st</sup> 2012 will result in forfeiture of camp tuition.**

### 6. Questions? Call Us! 703-850-2100. Or send us an email on [nova@schoolofrock.com](mailto:nova@schoolofrock.com)



**SPRING BREAK CAMP 2012 PERMISSION TO PARTICIPATE**

Name of Parent/Legal Guardian: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Name of Minor Child: \_\_\_\_\_

I agree to allow my minor child to participate in the School of Rock Summer Camp 2012. I will not hold School of Rock/All Music Methods LLC liable for any injury that may occur on the grounds of the camp or in any activities associated with my child's participation or attendance at the facilities used for camp. I agree to pay for any and all expenses (including but not limited to any medical expenses) that might relate to my child's care and treatment.

I assume all responsibility for any liabilities my son/daughter incurs in the form of injury to any person or damage, destruction or theft to public or private property or equipment. I hereby agree to indemnify and hold School of Rock/All Music Methods LLC harmless from any claims against the organization and its agents arising from my son or daughter's conduct or participation in the camps.

I authorize School of Rock to publish photographs/video taken of my son/daughter, his or her first name and any quotations that he/she provides for use in printed publications, presentations, mailed promotions, exhibits, press releases, video, CDs, websites, or social media. Since participation in photography/videos produced by School of Rock/All Music Methods LLC is voluntary, neither my child nor I will receive any financial compensation. I further agree that participation in any photography/videos produced by School of Rock/All Music Methods LLC confers no rights of ownership whatsoever. Any photograph/video/quote taken may be shared with School of Rock partners while carrying forth these provisions.

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*Signature of Parent/Guardian*

*Date*

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*Please Print Name of Parent/Guardian*



## SPRING BREAK CAMP 2012 MEDICAL INFORMATION FORM

**Please Note: If your camper requires the administration of medication either on a daily basis or in an emergency situation (like an Epi Pen or inhaler) please provide specific administration instructions in writing when you bring your child to camp the first day.**

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

Please list any food or medication allergies (let us know the extent of any allergies):

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Please list any physical limitations/conditions that require special assistance:

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### Physician's Information

Physician or Practice Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Medical Insurance Information

Name of Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

In the event of an emergency I authorize emergency medical personnel to provide care for my minor child without my consent if I cannot be reached in a timely manner.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name of Parent or Guardian*



Spring Break Camp 2012 Camper Emergency Contact Information

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

Camper Birth Date: \_\_\_\_\_

Parent/Guardian(s) Name(s): \_\_\_\_\_

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

\_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Emergency Telephone Numbers – MUST COMPLETE LEGIBLY

1. Parent Guardian      Mother Cell: \_\_\_\_\_

Father Cell: \_\_\_\_\_

Mother Work: \_\_\_\_\_

Father Work: \_\_\_\_\_

Mother Home: \_\_\_\_\_

Father Home: \_\_\_\_\_

2. Additional Contact      Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_