

DeLaura Middle School Summer Band Application

PLEASE FILL OUT THE REGISTRATION FORM BELOW AND MAIL OR
HAND DELIVER IT TO VERONICA CURRAN AT DELAURA MIDDLE SCHOOL.
MAKE CHECKS PAYABLE TO DELAURA BAND CAMP.

300 Jackson Avenue
Satellite Beach, FL, 32937

DEADLINE IS FRIDAY, MAY 10th, 2019

Participant's Name: _____ Phone Number: _____

Age: _____ Sex: _____ Birth Date: _____ Grade This Fall: _____

Parent Email Address: _____

Alternate Email Address: _____

Parent Cell Phone: _____

Alternate Emergency Contact: _____

Medical/Physical Conditions We Should Be Aware Of? _____

If student already plays an instrument(s), please list: _____

What Session Are You Registering For? (please circle)

	Beginning Camp	Advanced Camp
	(\$100)	(\$75)

Emergency Medical Release

If emergency medical care is deemed necessary and I or any other parent/guardian listed above cannot be contacted, I grant permission for my child to receive emergency medical treatment by the proper authorities. I do further release, absolve, and waive all claims against the Brevard County School Board, its agents and employees, and any camp organizers and/or sponsors in the event of injury to my son/daughter.

Insurance carrier and policy #: _____

Parent/Guardian Signature: _____ Date: _____