

Oceanview's Music Camp

"The Secret of My Success"

July 20-24, 2009

9:00-12:30 p.m.

Musical Presentation - Friday Evening, July 24th at 7:00 p.m.

Music Camp is for Completed Kindergarten thru rising 6th Graders

\$60 Registration and Camp Fee includes: Snack, T-Shirt & CD

For Scholarship Information - Please contact Linda Jordan - 561-626-2500

Oceanview United Methodist Church

701 Ocean Drive, Juno Beach, FL 33408, 561-626-2500, oceanviewumc1@juno.com

Please make checks payable to **Oceanview United Methodist Church Music Camp**

MUSIC CAMP FORM - 2009

Child's Name _____ M ___ F ___ Birthdate _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Other #'s _____

Grade Just Completed _____ Grade Going Into _____ Email Address _____

Mother _____ H _____ W _____
Name Address (If different from above) Telephone #'s

Father _____ H _____ W _____
Name Address (If different from above) Telephone #'s

Emergency Contact _____ H _____ W _____

What church do you attend? _____ Member - Yes _____ No _____

T-Shirt Size for Camper _____6-8, _____10-12, _____14-16 Adult Sizes _____S, _____M, _____L, _____XL

Please note: T-Shirt sizes run small.

Adult and Youth Counselors are needed!!! Please help us if you can!

_____ **Yes, I can help with Music Camp 2009**

Name _____ Phone _____

Nursery Services are needed for my child: Yes _____ No _____

Name and ages of children in the nursery _____

Counselors area of interest _____

What days are you available to help? _____ALL _____M _____T _____W _____Th _____F

T-Shirts for Counselors and/or Nursery children (T-shirts are optional) Please include \$6.00 for each shirt

Adult Size _____ Child Size _____

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Medical Release Form

Child's Name _____ Birthdate _____

Known Health Problem or Medical Problem

Medications _____

Allergies or condition which limits activity

I accept full responsibility for the above-named child's participation in Oceanview's Music Camp 2009. I waive and release Oceanview United Methodist Church, leaders, volunteers, helpers, etc. therefore from any and all claims for liability resulting from the above-named child's participation in this event.

Signature of Parent/Guardian Printed Name of Parent/Guardian Date

Daytime Telephone Numbers _____

In case of emergency, and I am unavailable, please contact:

Name and Relationship (Please Print) Telephone #