

Mountain Area Chamber Music Festival

Nurturing artistic excellence in young musicians across the front range.

June 25-30, 2018
Rocky Mountain Academy of Evergreen

REGISTRATION FORM

Musician's Name:

Parent's Name:

Address:

Phone Number:

Email Address:

Instrument:

Private Teacher:

Years Studying Music:

School:

Grade Level (Fall 2018):

Chamber Music Experience, if any:

Repertoire are you presenting for the audition:





Summer Camp 2018

Release Form

2959 Royale Elk Way
Evergreen, CO 80439
303-670-1070
www.rmae.org

Medical Release

Pursuant to Colorado Civil Code, the undersigned does hereby authorize Rocky Mountain Academy of Evergreen personnel or such substitute as may be designated as agent for the undersigned to consent to x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for:

Name of Child Participant

Which is deemed advisable by and to be rendered under general or specific supervision of any physician and surgeon licensed under the Provision of Medicine Practice Act or any dentist licensed under the Dentist Practice Act, whether such diagnosis or treatment is rendered at the office or said physician or dentist, at a hospital or elsewhere. The authorization will remain in effect while the above minor is in route to or from or involved or participating in the RMAE Summer Camp program, unless revoked in writing by the undersigned and delivered to the aforementioned agent.

Parent/Guardian Signature:

Date:

Sunscreen Release

I hereby request and give permission to Rocky Mountain Academy of Evergreen to allow my child to utilize the sunscreen lotion that I have provided.

Photo Release

I hereby give full consent to Rocky Mountain Academy of Evergreen to copyright or publish photographs or videos taken by them during camp participation in which my child appears. I agree that Rocky Mountain Academy of Evergreen may use such materials for promotional public display or publication.

Immunization Release

I give permission to Rocky Mountain Academy of Evergreen to access my child's immunization records which are on file at their school.

Parent/Guardian Signature for all releases listed above:

Date:
