

2023 ALMA STRING DAY CAMP APPLICATION FORM

Dates: Mon, July 17 - Fri. July 21

Location: First Presbyterian Church
495 Charles Ave.
Alma, MI 48801

Tuition:

\$175.00 per student each session. If there are more than one student participating in the camp from one family, the tuition for the second student is \$90.00 each session.

Tuition is due on the first day of the camp.

Please fill out the Application Form and Liability Release, and return the forms with a non-refundable deposit of \$50.00 per student payable to:

Dr. Takeshi Abo
3115 Staten Ave. #12
Lansing, MI 48910

The form and deposit can be submitted electronically. Please email at [TakeshiAboViolin@gmail](mailto:TakeshiAboViolin@gmail.com) for more details.

Please visit TakeshiAbo.com for more information about the camp.

Applicant's Name: Applicant's age or grade:

Applicant's Instrument:

Solo Pieces applicant is currently working on, if any:

Name of the piece(s) from what book (if applicable)

Etudes applicant is currently working on, if any:

Applicant's parent or legal guardian's name:

Applicant's parent or legal guardian's address:

Email address: Phone Number

Parent or Legal Guardian's signature: Date:

LIABILITY RELEASE

I AM AWARE that my child's participation in the Alma College String Day Camp ("the Camp") involves risks of personal injury, property damage, and other risks associated with the Camp.

I RELEASE the Camp and its agents, employees, board, and volunteers from liability for any loss, damage, and claims, including attorney fees, on account of injury to me/my child or to my/his or her property arising directly or indirectly from participation in the Camp.

I HEREBY HOLD HARMLESS the Camp and its agents, employees, board, and volunteers from any and all claims, actions, or damages relating to or arising out of any activity related to participation in the Camp.

These releases are effective for the student listed below, his or her personal representatives, assigns, and heirs.

I KNOW that if I/my child becomes injured while participating in the Camp, I/he or she is responsible for healthcare expenses, and I/he or she has made arrangements to handle such expenses through insurance coverage, access to cash, or other methods.

I ASSUME FULL RESPONSIBILITY FOR any and all claims and costs (including my own) arising directly or indirectly out of activities, acts, or omissions while my child is participating in the Camp.

I FURTHERMORE give any organization involved with the Camp permission to photograph me/my child. I understand that the Camp has permission to use these photographs/videotapes/other media for publicity purposes, unless written notice is received to the contrary.

I CERTIFY that the statements made in this release are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party, with legal and proper interest, and I release the agency from any liability whatsoever supplying such information.

I HAVE CAREFULLY READ AND UNDERSTAND COMPLETELY THE ABOVE PROVISIONS AND VOLUNTARILY SIGN THE RELEASE AND INDEMINITY AGREEMENT.

APPLICANT'S NAME:

PARENT OR LEGAL GUARDIAN'S NAME:

PARENT OR LEGAL GUARDIAN'S SIGNATURE:

DATE:

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT PHONE NUMBER:

EMERGENCY CONTACT ADDRESS: