

MUSIC AND ART ACADEMY

Summer Camp Registration Form

Child's name: _____

Date of birth: _____ Gender (circle one): M F

Father's name: _____

Mother's name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home phone: (_____) _____

Work phone: (_____) _____

Emergency contact (name and phone):

Parent's comments _____

STATEMENT OF APPROVAL

I have read and understand Music and Art Academy Summer Camp Policies.

I hereby give full permission for my child to participate in the Music and Art Academy Summer Camp.

I hereby release Music and Art Academy of any and all liabilities and assume full responsibility in case of accident or injury during the Summer Camp Session.

Parent signature: _____ Date: _____

For more information, please call Tatiana Kats at (614) 789-9392 or email to tkats@cmaacademy.org. **Visit us at www.cmaacademy.org.**