The Music Tree's Summer Music Camp

Camp 1: July 22 nd – 26 th , 2	2024	
Camp 2: July 29 th – Augus	t 2 nd , 2024	
Camp 3: August 5 th – 9 th , 2	2024	
(Students are permitted to sign up for	multiple Camps)	
PARENT – PROVIDER AGREEMENT	FORM:	
The following is an agreement betw	ween The Music Tree, LLC and	parent provider for
child(ren) enrolled:		
	age	
2	age	
Does student play an instrument (i	f so, what)	
Style or genre of music preferred b	by child(ren)	
(optional) List of songs child(ren) m	night be interested in learning	
A non-refundable deposit of \$50.0 camp.	0 will hold a child's space, and will be applied	to the total due prior to the first date of
through Friday during the camp 2. The agreed upon cost of care wi	ll be \$295.00 per week of camp. m of: cash, check, or debit/credit card day of camp.	' from 9am to 12:30pm, Monday
The Music Tree Policies 1. The following people are author	ized to pick up the child:	
Name:	Name:	
Phone/Cell #:	Phone/Cell #:	
Relationship:	Relationship:	
2. During hours of camp (and in cas	se of Emergency), child's parents can be conta	acted at:
Parent 1:	Parent 2:	
Cell Phone #:	Cell Phone #:	
Email:	Email:	

3. We will furnish light snacks once a day during the camp times unless special arrangements are made. Any child with ANY food allergies will have to bring their own snacks.

4. My child has food allergies, and we will bring their own snacks: _____ My child needs to eat separately due to allergies: _____

Child's Name:

If your child is sick, please do not bring them to the camp. If your child takes medication, make sure all medications are taken prior to the camp. The camp will not be responsible for administering or supervising the taking of any medicine.

If the child requires medical care, the following procedures will be followed:

You will be called immediately. If we cannot reach you, the child's family doctor will be called at: Child's Doctor: _____ Address: _____ Phone #:

If the doctor is not available an ambulance will be called, and your child will be taken to the nearest hospital Emergency room for treatment.

Nearest Hospital:	
Health Insurance Carrier: _	
Insured's Name:	
Policy Number:	

Termination Procedure

Provider or parent can terminate this agreement with at least a two-week notice in writing. All deposits will be forfeited.

Any student that becomes disruptive, a danger or a disturbance to other camp members may be asked to leave and all camp fees will be forfeited.

Release

In registering or attending The Music Tree's Summer Music Camp, you acknowledge and agree to the following:

In consideration of my child's participation in The Music Tree's—Summer Music Camp, I hereby waive and release, on behalf of myself, my child(ren), any participating caregiver, relative, or any other party or entity of my child(ren), The Music Tree, LLC, its owners, affiliates, respective employees, representatives and agents and all other related entities from and against any and all liability, loss, damage, injury, claim, cost or expense of any kind arising out of or in connection with the participation or attendance in this program.

I also, agree to allow The Music Tree, LLC, to photograph/video my child and use these in promotional materials.

ACCEPTED AND AGREED

As of this	day_of	, 2024
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Name (print):_____

Signature
