

The Music Tree's Summer Music Camp

Date: July 19th – July 30th, 2021

PARENT – PROVIDER AGREEMENT FORM:

The following is an agreement between The Music Tree, LLC and _____ parent provider for child(ren) enrolled:

Name(s) of child(ren) 1. _____ age _____
2. _____ age _____

Does student play an instrument (if so, what) _____

Style or genre of music preferred by child(ren) _____

(optional) List of songs child(ren) might be interested in learning _____

A non-refundable deposit of **\$100.00** will hold a child's space and will be applied to the total due prior to July 19th.

1. Student activities will be provided at The Music Tree's "Summer Music Camp" from 9am to 12:30pm, Monday through Friday during the camp.
2. The agreed upon cost of care will be \$450.00 per 2 weeks of camp.
3. Payment will be made in the form of: parent check, cash, or credit card/bank card
4. Payment is due before the first day of camp.
5. Overtime pay will be \$15.00 for every 15-minutes parent is late.

The Music Tree Policies

1. The following people are authorized to pick up the child:

Name: _____ Name: _____

Address: _____ Address: _____

Phone/Cell #: _____ Phone/Cell #: _____

Relationship: _____ Relationship: _____

2. During hours of camp (and in case of Emergency), child's parents can be contacted at:

Parent 1: _____ Parent 2: _____

Work Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Cell Phone #: _____

Email: _____ Email: _____

Relationship: _____ Relationship: _____

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 _____, 2021

Name (print): _____

Signature _____