



# Richard Wesp Memorial Summer Music Camp REGISTRATION FORM



St. James Episcopal Church  
3207 Montana Ave.  
Cincinnati, OH 45211  
http://www.stjamescincy.org  
P: (513) 661-1154 F: (513) 661-1031  
jrvrs@stjamescincy.org

Please fill out *one form per child.*

CHILD'S NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Age \_\_\_\_\_ M / F

PARENT/GUARDIAN(S) NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE H: ( ) - \_\_\_\_\_ C: ( ) - \_\_\_\_\_ OTHER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

All camp information is sent via email, so a valid email address is necessary to receive camp communication. Please provide the one you check most often. We will never give away your information.

\_\_\_\_ YES, I'd like to sign my child up for the **Richard Wesp Memorial Summer Music Camp**, held July 18-23.  
Please find my cash payment or check (written to *St. James Episcopal Church*) for **\$125.00\***.

Please indicate *adult* t-shirt size (circle one): XS S M L XL 2XL

For Office Use Only	
____ CPU	____ Rec
____ EMF	____ Cfm

**\*Financial Aid**  
If sought, include a detailed letter explaining specific reasons for the need. We will contact you shortly.

## Emergency Medical Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_ ER Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Known Medical Conditions (if you have any specific medical instructions, please explain them here) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Emergency Authorization & Release of Liability

I understand that every effort will be made to contact me in the event of an emergency. But if it is important to do so, **I hereby give my permission to St. James Episcopal Church, and the staff members of the Summer Music Camp to secure the proper treatment for my child as named below.** If possible, I request that the physicians and/or institutions I have provided on this form be used for the treatment; however, if the situation requires, I understand that this request may not be honored.

I expressly agree to assume all risk of physical harm and to release St. James Episcopal Church and the Diocese of Southern Ohio, its clergy, directors, staff, parishioners, volunteers, agents, successors, and assigns (the "Released Parties") from liability for injuries, damages, or other loss of whatever nature relating to or in any manner arising out of participation by the undersigned in the Richard Wesp Memorial Summer Music program. Furthermore, the undersigned agrees to indemnify and hold harmless the Released Parties from any suit or other legal proceeding with respect to use of the facilities or any other claims resulting from negligence on part of St. James Episcopal Church. I also understand this applies to myself, any family member of mine ("We"), and to each and every time we attend this program.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Registration Forms and Payment MUST be received by Monday, July 11th, 2015**

St. James Episcopal Church ATTN: Music Camp | 3207 Montana Ave. | Cincinnati, OH 45211 | FAX: (513) 661-1031



# Richard Wesp Memorial Summer Music Camp MUSIC RECOMMENDATION



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Please fill out *one form per child.*

**CHILD'S NAME:** \_\_\_\_\_

**CURRENT SCHOOL:** \_\_\_\_\_

**NAME OF SCHOOL or PRIVATE MUSIC TEACHER:** \_\_\_\_\_

*What instrument(s) do you currently study?*

_____ Voice	_____ Stringed Instruments	_____ Other (please specify:)
_____ Piano	_____ Brass Instruments	_____
_____ Guitar	_____ Percussion Instruments	_____

*What musical discipline would you like to study as a PRIMARY? (Private Lessons)*

_____ Voice	<i>Do you already study this instrument privately or at school? If yes, please explain:</i>
_____ Piano	Teacher Name: _____
_____ Guitar	Phone: _____ Years Studied: _____

*What musical discipline would you like to study as a SECONDARY? (Group Lessons)*

_____ Voice	<i>Have you ever studied this instrument before? If yes, please explain:</i>
_____ Piano	Teacher Name: _____
_____ Guitar	Phone: _____ Years Studied: _____

*Briefly explain why you want to participate in the Richard Wesp Memorial Summer Music Camp:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Music Teacher Recommendation

**TEACHER NAME:** \_\_\_\_\_ **INSTRUMENT TAUGHT:** \_\_\_\_\_

**CURRENT SCHOOL/STUDIO:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

*By signing below, I believe that the above student is an individual that will benefit from the Richard Wesp Memorial Summer Music Program, and I can personally attest that he/she is a talented musical individual with a desire to grow and develop his/her musical skills, and that he/she exemplifies the professional qualities and characteristics expected of a developing young musician.*

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_