



KIDS MUSIC EXPLORATION CAMP

JULY 22-26, 2019

9:00 AM-3:30 PM



FOR STUDENTS WHO
HAVE COMPLETED
GRADES 1-6

BRANDON VALLEY
INTERMEDIATE
SCHOOL



REGISTRATION: \$75

PLEASE SEND REGISTRATION
FORM TO:

ERIN MCFARLAND

1813 S. KATIE AVE #1
SIOUX FALLS, SD 57106

Kids Music Exploration Camp 2019 Registration Form

Student Name:_____ Age:_____ Grade(2018-2019):_____

Address:_____ Gender: M or F

City:_____ State:_____ Zip:_____

School student attends:_____ T-Shirt Size (adult size):_____

Parent/Guardian:_____

Address (if different than student):_____

City:_____ State:_____ Zip:_____

Phone:_____ Email:_____

Emergency Contact:_____ Phone:_____

Any Medications:_____

Any Allergies:_____

Special accommodations needed:_____

I encourage my child to participate in the South Dakota Music Educators Association (SDMEA) Kids Music Exploration Camp. I agree to support all the camp policies and procedures. I grant SDMEA the non-exclusive and irrevocable rights and license to make, edit, and use pictures for publicity, news, or advertising– to include print, video, broadcast media, and the internet.

I release SDMEA from any and all claims of payment for performance rights, residuals, and damages for libel, slander, invasion of privacy, or any claim based on the use of said material.

Furthermore, I certify that my child is covered by our family health insurance policy. In case of injury I give my permission for a doctor to administer appropriate treatment. I assume financial responsibility for health costs including the costs of medication, x-rays, lab work, or hospitalization. I release SDEMA and its employees from all claims resulting from any injuries which may be encountered by my child while at camp. I understand that no camp insurance is provided. I understand the refund policy as stated. **No refunds will be given for days missed.

Parent/Guardian(printed): _____

Signature:_____ Date:_____

For office use only: Paid_____ Check:_____ Date:_____