

METRO-CAPITOL LEADERSHIP ACADEMY

REGISTRATION FORM

June 17-19, 2015

STUDENT INFORMATION

Student Name _____ Instrument _____

School you will attend in the Fall _____ What grade will you be in? _____

Have you held a leadership role before? _____ If so, what? _____

Current Leadership Role _____ T-Shirt size _____ (Adult S M L XL XXL)

Student email _____ Student cell _____

PARENT/GUARDIAN INFORMATION

Parent Name _____ Home phone _____

Street Address _____

City _____ State _____ Zip _____

Parent email _____ Parent cell _____

Alternate Contact Name and Phone _____

PAYMENT INFORMATION

Camp Fee: **\$220** (if paid by June 1), **\$260** (if paid on or after June 2)

Payment Options (circle one): Check Visa/Mastercard Cash

*Make checks payable to: **Northwest Music and Leadership Academies (or NMLA)**

*If paying by check, please mail with completed forms.

*Visa/Mastercard accepted via paypal online at www.nmla.net.

*Cash can be accepted on day of registration (higher camp fee applies)

Please indicate any school scholarship (please list school, director, and amount you are receiving):

PLEASE SEND ALL FORMS AND PAYMENTS TO:

**NMLA
1479 Coho Ct. NW
Salem, OR 97304**

METRO-CAPITOL LEADERSHIP ACADEMY

PARENT PERMISSION - HOLD HARMLESS - MEDICAL RELEASE FORM

PARENT PERMISSION

Camper Name (please print full legal name clearly): _____

Parent Name (please print full legal name clearly): _____

1. I give my child, the aforementioned, permission to participate in the 2015 Metro-Capitol Leadership Academy.
2. I give permission for my child to participate in daily recreational activities, under the supervision of a licensed physical educator.
3. I am aware of the inherent dangers and risks involved in outdoor activities and:
I understand that Metro-Capitol Leadership Academy or its parent company Northwest Music and Leadership Academies *does not* provide any *accident or medical insurance* for my child. I understand that I am required to provide accident/medical insurance for my child and do so under the policy listed below. I agree that I am financially responsible for any and all medical expenses associated with my child's participation in this program.

Medical Insurance Provider: _____ Policy No. _____

Parent Signature: _____ Date _____

(NOTE: Your child *will not be allowed to participate* in camp unless your medical insurance provider and policy number is provided above.)

HOLD HARMLESS

I agree on behalf of myself, my child, and our assigns, executors, and heirs, to indemnify and hold harmless, Metro-Capitol Leadership Academy, Northwest Music and Leadership Academies, and its employees from any and all liability, damage and claims of any nature arising out of or in any way related to my child's participation in this program except those things caused by the sole negligence of Capitol Leadership Academy.

I understand that the terms of this agreement are legally binding and certify that I have signed this agreement of my own free will after carefully reading and fully understanding it.

Parent Signature: _____ Date _____

(NOTE: Your child *will not be allowed to participate* in camp unless your signature is provided above.)

MEDICAL RELEASE

List any allergies of the student _____

May staff administer Tylenol or Ibuprofen? Yes ____ No ____

If necessary, do you grant the directors and staff to administer minor medical treatment and/or if needed to seek additional medical treatment, including transportation to a hospital? Yes ____ No ____

Parent Signature: _____ Date _____

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BEHAVIOR CONTRACT AND PHOTO RELEASE

STUDENT CONTRACT AND PARENT AGREEMENT

Student Name _____

As a participant in the Academy, I agree to the following:

1. To cooperate fully with the staff and high school assistants.
2. To attend all sessions, on time, except in the case of illness.
3. To be respectful of the Sherwood HS Performing Arts Center, its rooms and equipment.
4. To return all instruments/equipment at the end of camp.
5. To put forth my best effort in the leadership training, and to HAVE FUN!

Failure to follow the rules listed above could result in dismissal from the camp. In this case, registration fees will not be refunded.

Student Signature _____ Date _____

I understand the aforementioned responsibilities, and hereby give permission for the student listed above to participate in the camp.

Parent Signature _____ Date _____

PHOTO RELEASE

On occasion, camp pictures will be taken for promotional materials. Most of these are large group photos or action shots of multiple students.

By signing below, I hereby **ALLOW** the camp to use a photo that my child is in.

Parent Signature _____ Date _____

By signing below, I hereby do **NOT ALLOW** the camp to use a photo that my child is in.

Parent Signature _____ Date _____