

# 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](http://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

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## 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 \_\_\_\_\_