

# Central Fairfax Band Camp 2020 Application

June 16th-July 2nd  
8:30am-12:00pm  
Frost Middle School  
Cost: \$225

**Please write legibly:**

Student Name (first & last): \_\_\_\_\_

Student T-Shirt Size (adult sizes): Youth XL S M L XL (please circle)

Current School: \_\_\_\_\_

Instrument: \_\_\_\_\_

- ***Beginners must choose an instrument and arrive with that instrument before the first day of camp. If you have any questions regarding instrument decisions please consult the band teacher at your child's current school.***

What school will your child attend next year: \_\_\_\_\_

What grade will your child be in next year: 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> (please circle)

How many years has your child played their instrument: 0 1 2 3 4 5+

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent Cell: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Would you like to be included in our carpool list: Y N

If YES please provide your subdivision: \_\_\_\_\_

- ***A spreadsheet will be emailed out one week before the start of camp to those interested in carpooling.***

**PLEASE CONTINUE TO THE 2<sup>ND</sup> PAGE OF THE APPLICATION**

## **EMERGENCY CARE INFORMATION**

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list any medical conditions we should know about in case of emergency:

\_\_\_\_\_

Please list an emergency contact name and number in the event we cannot reach you:

Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

## **EMERGENCY CARE AND CONDUCT AGREEMENT ACKNOWLEDGEMENT**

**Parent Agreement** - The camp has my permission to seek emergency care for my child at the nearest hospital when I or my physician cannot be contacted. The hospital and its medical staff have my authorization to provide any treatment which a physician deems necessary for the well-being of my child. I understand that the camp will provide adequate supervision during the operating hours of the camp and will provide full accident insurance for my child while in camp. I will not hold the camp or the Fairfax County School Board liable for bodily injury that might occur through accident while my child is at the camp beyond the limits of the camp insurance carried for such injury.

**Student Agreement** - In order to ensure that the Central Fairfax Band Camp is an enjoyable and educational musical experience for all students, it is necessary that each student to accept the responsibility for his/her behavior and to participate in an acceptable manner. Students must attend all classes while in the building and are not to leave the school grounds. Areas of the school which are not in use by the camp are off limits to all students. Failure to adhere to these rules and to follow regulations as established by the Camp staff may result in dismissal from the camp.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
STUDENT SIGNATURE

### **MAIL THE COMPLETED APPLICATION TO:**

**Robinson Secondary School**

**Attn: Judy Einuis**

**5035 Sideburn Rd.**

**Fairfax, Va. 22032**

**Check Payable: RBOPO**

*(Robinson Band & Orchestra Parents Organization)*