



International School of Music

South Campus: 5110 Ridgefield Rd, #104, Bethesda MD 20816 Tel: 301-657-0763 Fax: 240-396-5757
North Campus: 10450 Auto Park Avenue, Bethesda MD 20817 Tel:301-365-5888 info@ismw.org www.ismw.org

CAMP REGISTRATION – please complete 1 application per camper

Child's Name: _____ Date of Birth: _____ Age: _____ Gender: M F

School enrolled: _____ Grade (Fall '10): _____ Current ISM student? Yes No

Child Attends a Maryland School: Yes ___ No ___ If yes, immunization records not required.

Mother/ Guardian's Name: _____ Mother Cell Phone: _____

Mother Work Phone: _____ Home Phone: _____

E-mail*: _____ * to expedite the confirmation process, used by ISM only!

Father/Guardian's name: _____ Father Cell Phone: _____

Father Work Phone: _____ E-mail: _____

Address: _____ City _____ State _____ Zip _____

Emergency Contact Name _____ Emergency Contact Phone _____

Please fill out the information below if enrolling into Chamber Camp, Piano Camp, Prodigjam Camp or Private lessons.

Instrument	Current teacher	No. of yrs. of study	List pieces studied last year			

2010 Camp Sessions/Programs: Please check the programs and sessions in which you would like to enroll your child.

Camp Title	Camp Dates	Time	Age	Tuition

Registration Fee: (after 3/25) \$ 25
Total Amount Due \$ _____

Payment information: Full payment Required, Sorry, No Refunds. Thank you!

Check Number: _____ (Please make checks payable to ISM); Check Amount: _____

Visa or MasterCard Number: _____ Expiration Date: _____

Print Cardholder's Name _____ Amount authorized to be charged to credit card \$ _____

Cardholder's Signature _____ Date _____

Please indicate 1 FREE camper's T-shirt size: Children: S M L OR Adult: S M L XL

How did you hear about us? Friend Advertisement Camp Fair School Internet Other _____

Please send form to: Int'l School of Music, 10450 Auto Park Avenue, Bethesda, MD 20817 or fax it to 240-396-5757

TRANSPORTATION information

Please list authorized adults who may receive the child when he or she leaves ISM's custody.

_____ It is OK to share my name and phone number for carpooling purposes.

Name _____ Phone/Cell _____

Name _____ Phone/Cell _____

Name _____ Phone/Cell _____

Camp with a friend

For campers who would like to be in the same group with their friends! We will do our best to place them in the same group.

Please GROUP ME WITH MY FRIEND _____ & _____

Registration Agreement

*I _____ verify that my child _____, to the best of my knowledge is free from contagious disease, is able to participate fully in the camp programs, and has my permission to engage in all activities during the camp.

*I understand that my child needs to bring a nonperishable lunch/snack every day.

*** I understand my child may not attend camp unless I complete a Health Form prior June 1, 2010.**

*I understand that the Camp Director has the right to dismiss a camper, when in their judgment the camper's behavior interferes with the safety or rights of others, the group, or the rules of conduct established by ISM.

*All ISM programs have a minimum enrollment requirement, and therefore, ISM reserves the right to cancel any programs due to low enrollment.

*I hereby release and discharge and indemnify ISM, ISM Camp, its faculty, employees, contractors, it's directors, officers, agents, and the Montgomery Recreation Department from all liability for loss, damage, injury or illness to my Child and my Child's property relating to or deriving from my Child's presence at ISM AND MY Child's participations in ISM camp activities by whatever cause.

*I also give permission for ISM to use any photos taken during the camp in which myself or my child may appear in. I give permission to use these photos in print (on advertisements or marketing materials) or on the ISM web site or other ISM affiliated or sponsored web sites.

*My signature certifies that I have read, understand the contents of this registration form including the Refund & Cancellation Policy, Payment Policy, and Registration Agreement, and agree to all the terms of enrollment and regulations of the ISM Camp as stated on this application, the Information for 2010 enrollment form and in the brochure/catalogue, Registration and Cancellation/Change Policies.

Signature of Parent/Guardian: _____ **Please Print Name:** _____ **Date:** _____

Friends: Please list below families you think might be interested in receiving information about ISM camp. Thank you.

Parent _____ Camper _____

Address _____ City _____ State _____ Zip _____

Parent _____ Camper _____

Address _____ City _____ State _____ Zip _____

To Register, please Fax or Mail the application, medical forms, & payment by 3/25/10 to the address/fax on top of the form.

A confirmation will be mailed to you within 3 weeks. Thank you!

Disclaimer: All course offerings are subject to a minimum enrollment. ISM reserves the right to cancel an undersubscribed program and to refund all money. A space will not be held if the final payment is not paid when due.