

Thank you for signing up your child for Mako Music and Nature Camp 2016.

Info Sheet

**Camp Activity Hours are from 9-5.
Extended drop off/pickup times from 7:30-10
No open toed shoes.**

Please Bring:

- Lunch
- Morning Snack
- Afternoon Snack
- (there is refrigeration on site, but no microwave or heating of food is allowed per Virginia Health Code)
- Water Bottle labeled with child's name
- Bug Spray
- Spray on Sun Screen
- Instrument that child plays and MAYBE wouldn't mind sharing
- Notebook
- Pen
- A good attitude
- An open mind

Also

- Electronics may be brought, but they are discouraged. Usage is not allowed during 9-5 hours. Communications can be made with camp staff at all times, so if your child will be tempted to get on his or her phone and be asked by staff to put it away, just leave it at home...they wont miss it.
- Kids will be outside for a SMALL portion of the day, they will not be exposed to excessive heat or elements as determined by camp staff. They will have access to water all day long and be encouraged to stay hydrated. If your child is made out of sugar, perhaps this isn't the camp for them.

Permission forms Below. Please fill out and bring with child to first day of camp.

MAKO MUSIC SCHOOL
MUSIC CAMP FORMS AND RELEASE

I, the undersigned, am the parent, the parent having legal custody, or the legal guardian of _____ and have given my consent for him/her to participate in Mako Music School's, **MaKo Music Camp**, on _____ at 7147 Mechanicsville turnpike Mechanicsville Virginia, 23211 and/or any other facility as deemed necessary by Mako Music School.

I agree to assume fully the risk of injury arising from any and all activity in this camp and do hereby release and hold such persons: Matt Koon, Mako Music LLC, all camp staff, and all volunteers thereof, free and harmless of any and all liability, claims, demands, or suits for damages from any injuries incurred during the course of this camp. In the event that he/she is injured while attending this camp and requires the attention of a doctor, we consent to any reasonable medical treatment as deemed necessary by a licensed physician or EMT. In the event that treatment is needed which a physician and/or hospital personnel refuse to administer without our consent, we hereby authorize:

Emergency Contact to Consent for Medical treatment (someone other than parent or guardian)

_____ PH# _____

to give consent for us if we cannot be reached by telephone at one of the numbers indicated below. If, because of an emergency, it becomes necessary for this person to give consent for us, or if there is not time or opportunity to make a telephone call or any other reasonable form of communication, including but not limited to electronic, We agree and do hereby release and hold such persons: Matt Koon, Mako Music LLC, all camp staff, and all volunteers thereof, free and harmless of any and all liability, claims, demands, or suits for damages arising from the giving of such consent for treatment administered by or under the supervision of a licensed physician or EMT. We agree and do hereby release and hold such persons: Matt Koon, Mako Music LLC, all camp staff, and all volunteers , all camp staff, and all volunteers thereof, free and harmless of any and all liability, claims, demands, or suits for damages arising from any situation, including, but not limited to, all third party actions or liability in connection with any and all activities, transportation, or accommodations for the camp. We hereby authorize Matt Koon, Mako Music LLC, all camp staff, and all volunteers to use any photographs or likeness of my child for any promotional purposes.

Written Name of Parent/Guardian _____ Date ____/____/2014

Signature of Parent/Guardian _____

Contact Info:

Student Name: _____

Home Phone: _____

Parent's Work/Cell Number 1: _____

Parent's Work/Cell Number 2: _____

Guardian/Other Number: _____

Email Address: _____

Additional Emergency contact:

Name _____

Relationship _____ Phone _____

Email Address: _____

EMERGENCY INFORMATION

Please list all food and other allergies. (medications, bee stings, etc.)

Health History: state yes or no, and comment in the space if yes

Is Child presently under treatment for a physical or emotional problem _____

Any recent operations or serious injuries? _____

Is child or have any special needs? _____

Does child currently take any medications? _____

Does child have any contagious illnesses? _____

Hospitalization/Accident Insurance:

Company Name _____

Policy Number _____

Group Number _____

Phone Number _____

Subscriber's Name _____

Does your insurance company require pre-authorization? _____