

2018 KAPCQ Summer Music Camp Application

DATE: Tue., 8/21 ~ Fri., 8/24 (9am-3pm)

Participants should arrive by 8:50am and be picked up by 3:10pm.

There is a Camp Concert at 4pm on Friday, 8/24.

FEE: \$120 if registered by 8/5, \$130 if registered between 8/6~8/19

Lunch included

Name 이름	Korean 한글		English 영문	
Date of Birth 생년월일	MM/DD/YYYY		Gender 성별	M___ F___ 9/2018 기준학년
Parent's Name 부모 이름			Phone Number 전화번호	
Address 주소			E-Mail 이메일	
Church 출석교회	KAPCQ _____ 퀸즈장로교회	Other _____ 다른 교회	Not attending _____ 다니지 않고있음	
C h o o s e O n e	Orchestra _____	If orchestra, specify your instrument. 선택 악기 Violin___ Cello___ Viola___ Clarinet___ Flute___ Oboe ___		
	관현악	How long have you been playing the instrument? 연주 경력 Under a year _____ More than a year _____ NYSSMA Level _____ 일년 미만 일년 이상 니스마 레벨		
	Chorus _____ 합창			
Food Allergies? (음식 알러지가 있나요?) Yes ___ No ___ If Yes, please specify (있다면, 어떤 알러지인지요?) _____				
Any medical condition? (기타 건강상 문제나 주의사항이 있나요?) Yes ___ No ___ If Yes, please specify (있다면 무엇인지요?) _____				

WAIVER and RELEASE I hereby waive, release and discharge any and all claims for damage for personal injury or property damage which I may have, or which may hereafter accrue to me, whether the same be known or unknown, anticipated or unanticipated, resulting or arising out of my participation in activities at KAPCQ facilities. I agree to indemnify and to hold harmless, KAPCQ, its officers, employees and agents from any loss, liability, damage, cost or expense which they may incur as the result of any injury or property damage that I may sustain while participating in any activity at KAPCQ facility. I understand that by participating I consent to photo images taken by KAPCQ staffs during this activity to be used in any or all KAPCQ publications and websites.

CONSENT of PARENT (Since the participant is a minor) I am the parent of the participant listed above. I hereby consent that the participant may participate in activities at KAPCQ facility and I hereby execute the Waiver and Release on his/her behalf.

Parent's Signature _____ Date _____