

Camp Information:

Batavia High School

Camp Name - Encore Summer Music Camp

Date - July 13th - 16th, 2020

Location: Rotolo Middle School

Cost: \$90

Grades: See Schedule Below Times: See Schedule Below

Schedule:

Junior Show Choir - M-Th 9:00AM -12:00PM

Performance Concert Thursday July 16th - 6:30 PM

Junior Band -M-TH 1:00PM-4:00PM

Performance Concert Thursday July 16th -5:30 PM

Junior Orchestra - M-TH 1:00PM-4:00PM

Performance Concert Thursday July 16th - 5:30 PM

Senior Band - M-TH 9:00AM -12:00PM

Performance Concert Thursday July 16th -7:30 PM

Senior Jazz Band - M-W 6:00pm - 8:00pm, Thursday 1:00 PM-4:00PM

Performance Concert Thursday July 16th -6:30 PM

Senior Orchestra -M-TH 9:00AM- 12:00PM

Performance Concert Thursday July 16th-7:30 PM

Senior Show Choir - M-TH 1:00PM- 4:00 PM

Performance Concert Thursday July 16th -6:30 PM

* Required Fields			
Participant Information			
First Name *	Last Name *		
Use the below information as my billing information			
Address *			
City *			
State/Province *			
State/Province *			
Postal/Zip Code *			

Country	-
Cell Phone *	
Participant Email *	
Date of Birth *	
Gender *	
T-shirt Size *	-
School *	
Grade as of Fall 2020 *	
Mother's Cell Phone * ()	
Mother's Email *	
Father's Cell Phone * ()	
Father's Email *	
Does the participant have a 504 Plan or IEP that ye	ou would like to share with the coach
or instructor?*	
Does the participant have any medical conditions	?*
Emergency Contact Information* (Add up to 3)	
Name *	
Relationship to Participant *	
Phone * ()	
-	
Alternate Phone	

Add Another Emergency Contact

Name *	
Relation	nship to Participant *
Phone *	* ()
Alternat	te Phone
-	-
Add An	other Emergency Contact
Name *	
Relation	nship to Participant *
Phone *	* ()
 Alterna	 te Phone

Waiver Acceptance:

Batavia Activity and Athletic Foundation - Encore Summer Music Camp (07/13/2020-07/16/2020)

PARTICIPATION AGREEMENT WAIVER AND RELEASE OF ALL CLAIMS

Dear Parent/Guardian,

Your son/daughter has enrolled in the Encore Music Camp provided by the Batavia Activity and Athletic Foundation (BAAF). Please read this document carefully and be aware that in signing up and allowing your child to participate in this program, you are waiving and releasing all claims for injuries you or your minor child might sustain arising out of the activities of this program (including transportation services, when provided). By signing below, you acknowledge and agree:

BAAF provides no medical insurance coverage of any kind and I am strongly urged to seek coverage if my son/daughter is not already covered.

I am solely responsible for determining if I or my minor child is physically fit and/or skilled for the activities of these programs provided by BAAF. All participants, especially those who may be pregnant; be disabled in any way; or have recently suffered an illness, injury or impairment; are encouraged to consult a physician before undertaking a physical activity.

I recognize and acknowledge that there are certain risks of danger, accidents, and physical injury when engaged in activities such as sitting, standing, running, singing, playing instruments, contact, games and play, and I voluntarily agree to fully assume such risks, regardless of severity, including death, damages, or loss which I or my minor child may sustain as a result of my child's participation in any and all activities connected with or associated with programs provided by BAAF.

I agree to waive and release any and all liability claims whatsoever arising out of any damage, loss, or injury to my child or my child's property while participating in any of the activities contemplated by this Agreement against BAAF and its officers, agents, servants and employees.

I do hereby fully release and discharge BAAF and its officers, agents, contractors, servants and employees from any and all liability claims whatsoever arising out of any damage, loss, or injury including death to my child or my child's property, resulting from my child's participation in the activities and programs provided by BAAF.

I do hereby agree to indemnify and hold the BAAF, its officers, agents, contractors, servants, and employees, free and harmless from any loss, liability, damage, cost or expense, which they may incur as a result of any injury, death, or property damage sustained by my child while participating in the activities and programs provided by BAAF.

I understand and accept the waiver agreements above	. *
Name (or Name of Parent/Guardian if Participant is a m	inor) *
Date *	

Drop Off or Mail In Registration to:

Batavia High School

ATTN: Julie Stuttle, Athletic Department

1201 Main St Batavia, IL 60510

^{***}Please make checks payable to Batavia Activity and Athletic Foundation***