

Summer Music Day Camp 2025 Application Packet

Student name: _____

Student date of birth: _____

Student Emergency contact: _____

Relationship to student: _____

Authorized drop off and pick up contacts:

Relationship to student:

Student allergies:

Is your student allowed to be photographed for social media? Y/N

Date of registration: _____

\$100 for students registered before June 16, 2025

\$120 for students registered after June 16, 2025

Form of payment (circle one)

cash/check (made payable to Mission Valley Christian Academy)

PayPal – follow instructions on FAQ sheet

- I have signed the liability waiver attached to this document

Parent/guardian signature:

Mission Valley Christian Academy

Summer Music Camp Liability Waiver and Release Form

Participant Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Camp Dates: June 23rd-27th

Location: Mission Valley Christian Academy
38907 WWJD Lane
Polson, MT 59860

Liability Waiver and Release

I, the undersigned, hereby acknowledge and agree to the following:

1. Assumption of Risk

I understand that participation in the Mission Valley Christian Academy (MVCA) Summer Music Camp involves certain inherent risks, including but not limited to, physical activity, use of musical instruments and equipment, travel around campus, and interaction with other participants. I voluntarily assume all risks, known and unknown, associated with participation.

2. Release of Liability

In consideration for being allowed to participate in the Summer Music Camp, I hereby release, discharge, and hold harmless MVCA, its employees, volunteers, administrators, and representatives from any and all liability, claims, or demands arising out of or related to any loss, damage, injury, illness, or death that may occur during or in connection with my (or my child's) participation in the camp.

3. Medical Consent

In the event of an emergency, I authorize the camp staff to secure medical treatment for the participant. I understand that I am financially responsible for any medical treatment and related transportation.

4. Behavior Expectations

I understand that appropriate behavior is expected at all times. MVCA reserves the right to dismiss any participant whose behavior is deemed disruptive or unsafe, without refund.

Emergency Contact Information

Primary Emergency Contact Name: _____

Phone Number: _____

Relationship to Participant: _____

Acknowledgment

I have read and understood this Liability Waiver and Release Form. I voluntarily sign it and agree to its terms.

Parent/Guardian Signature: _____ **Date:** _____