

Rock Band Camp Enrollment Form

2025 Rock Band Camp June 9-13th | Student Concert Friday the 13th at 6pm
Register by April 13, 2025



Student Information

Student's Name _____

Contact Email(s) _____

Age (12-18) _____ Birthdate (m/d/y) _____

School Name _____

Instrument or voice or both (*circle one*)

If instrument, what is your primary instrument (*circle one*): drums, keys, guitar, bass

Any secondary instruments/voice? _____ T-shirt size (*circle one*) – S M L XL (*adult sizes*)

For voice students, please note your vocal range if you know: _____

How did you hear about the camp? _____

Song / Artist suggestion(s): _____

Parent / Guardian Portion

Home Address _____

City and Zip Code _____

Father/ Guardian Name _____

Mother / Guardian Name _____

Parent / Guardian Home Phone _____

Parent / Guardian Work Phone _____

Cell Phone _____

Parent / Guardian Email address(es) _____

Emergency Contact Name _____

Emergency Contact phone number _____

Rock Band Camp Costs

- \$275 Payment must be made in full in order to reserve your spot in Rock Band Camp.
- \$35 discount available for two or more students from the same home/family.

Rock Band Camp ACKNOWLEDGEMENT OF RISK AND RELEASE

I acknowledge that I am aware of and have investigated to the extent necessary all dangers and risks inherent in the Rock Band Camp activity including the risk of serious bodily injury or death. I believe and represent that I am (or the participant named, if minor) is healthy and physically able to participate safely in these activities. I agree to indemnify and hold harmless, West Ridge Community Church ("WRCC") and its Elders, Leaders, employees, agents, volunteers and/or officers from any liability arising from participation in the activity listed above.

I/we the undersigned, (if minor, parents/guardian) hereby grant permission and authority to WRCC, its officers and authorized employees, agents or volunteers to act for us in executing verbal instructions or if unable to contact us, to act for us in dealing with physicians, available ambulance companies and hospitals, to obtain, prompt medical attention for the participant named above in the event of any perceived medical emergency. I hereby covenant and agree to release WRCC, it's Elders, Leaders, employees, agents, volunteers and/or officers and hold harmless from liability for any injury or damage sustained while participating in the activity listed above, or participating in any activity sponsored by WRCC and from any liability connected with obtaining prompt medical attention for the named above. It is further understood that I will be responsible for the costs of all medical services obtained pursuant to this authorization.

In connection with participation in the above listed event/activity, I/we the undersigned, (if minor, parents/guardian) hereby grant to WRCC, its successors and those acting under its authority the right to use participant image in all forms of media including advertising and related promotion. I/we grant this right without compensation and release WRCC, its successors and those acting under its authority from any claim that may arise regarding such use, including claims of defamation, invasion of privacy, or infringement of rights of publicity or copyright.

☐ I agree to the terms and conditions of this waiver

Parent / Guardian Signature _____

Date: _____

Please submit this form either:

- E-mail it to Michael Aukofer – michael_aukofer@hotmail.com
- By Mail: West Ridge Community Church, Attn: Michael Aukofer, 3300 Encounter Lane, Elgin, IL 60124

**Payment will be due after the rock band staff confirms your student's registration and feels the student is able to handle this musical environment. Payment will then be due immediately in order to hold the students spot in Rock Band Camp.*

For Admin use only - Paid by check or cash (circle one)