



Building Bridges Through Music PEACE CAMP APPLICATION

Building Bridges Through Music Inc, 25 Exchange St., Lynn, MA 01901
 Phone: 781.479-8327 Email: www.info@bbtmusic.org

Christmas Vacation 2011 – Dec. 26th- 30th
(held at Lynn Arts Bld. 3rd Fl. , 25 Exchange St., Lynn)

Please print/download and complete the entire two page application for all children and/or youth attending Building Bridges Peace Camp. Mail to above address. (Please indicate which session you would like your child to attend)

Child(ren) Campers Names	Grade in School as of Fall 2011	Allergies, medical condition, medications or special needs you would like us to be aware of. Attach page if needed.

PARENT/GUARDIAN INFORMATION

Parent/Guardian # 1 _____

Home Street Address _____

Town and Zip _____ Home Phone _____

Email _____ Work/Cell Phone _____

Parent/Guardian # 2 _____

Home Street Address _____

Town and Zip _____ Home Phone _____

Email _____ Work/Cell Phone _____

Children currently live with: _____

How did you hear about Building Bridges Through Music Peace Camp? Church _____, School _____, Newspaper _____, A friend or relative _____, Other _____

Payment Information: The Building Bridges, Peace Summer Camp **Fee is \$75.00** per camper. Campers will be selected on a first come first serve basis. To ensure a spot for your child(ren), applications and camp fees are selected on a first come, first served basis up to December 21st. Space is limited. **Mail completed application, along with full payment to Building Bridges Through Music, Inc or BBTMusic, 25 Exchange St. Lynn, MA 01901.**

Limited Partial Scholarships are available based upon financial need. If you would like to request a partial scholarship please check here _____. An BBTMusic staff member will contact you to confidentially discuss your scholarship need request and a determination will be made by the Peace Camp Committee of BBTMusic.

Transportation Arrangements to and from BBTMusic Peace, Day Camp:

Building Bridges Through Music does not provide transportation. Children are to arrive by 9:00 a.m. and picked up at 2:00 p.m. You will need to make transportation arrangements on your own. You may want to arrange for carpools with other parents. Additional information for your camper will be sent to you once your application has been approved.

Tell us why your child would benefit from attending Peace Camp – Please attach a separate paper, or write on the back of the application. Thank you.

**Building Bridges Through Music, Summer Peace Camp
Participation Release for Children and Youth
and Authorization for Emergency Medical Treatment**

I _____ the parent or guardian of _____,

_____, _____, agree to have the child(ren) named above, participate in the Building Bridges Through Music Peace Camp at Lynn Arts Inc and/or Zion Baptist Church. I understand the program may include outdoor activities. I understand that children and youth are covered for accidents and injuries through the Building Bridges Through Music Inc. Liability Insurance. However, I agree to hold harmless Lynn Arts Inc and any officer, employee, agent, volunteer or any other person acting on behalf of these facilities, from and against all liability for accident or injury to my child(ren) or youth and his/her/their belongings arising out of participation in Building Bridges Through Music Inc., Peace Camp. I further agree to assume responsibility for any liability that may arise from damage to either of these properties caused or contributed to by my child (ren) or youth while participating in Building Bridges Through Music Inc.

Should my child(ren)/youth become sick or injured, I hereby authorize any officer, employee, agent or any other person acting on behalf of BBTMusic, 21 years or older into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child(ren), when in the opinion of the employee or agent, the need for such treatment is immediate and when efforts to contact me are unsuccessful. The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child(ren)/youth.

I further authorize any officer, employee, agent or any other person acting on behalf of BBTMusic, 21 years or older, who supervise the activities of BBTMusic to receive physical custody of my child, upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the employee or agents of Building Bridges Through Music, that are 21 years of age or older, into whose care my child has been entrusted, only if I cannot be reached. I further agree to pay and be responsible for all medical, hospital or other expenses which BBTMusic and/or any of its employees or agents may incur as a result of securing such treatment for my child(ren)/youth.

I authorize _____, I do not authorize _____, my child(ren)/youth to be photographed or videotaped during activities for promotional materials (press release brochures, newspaper articles, BBTMusic website) BBTMusic may use.

Signature of parent or guardian _____ Date _____

Parent/guardian emergency contact phone: _____ If you cannot reach me, the following individual may be contacted and also has my permission to pick my child(ren) up from camp.

Name _____ Phone _____

Relationship to the child(ren) _____

Child(ren)'s Physician _____ Phone _____

Child(ren)'s Dentist _____ Phone _____

Health Insurance Provider _____

Health Insurance Policy Number _____