

OCEAN PARK

School of Piping & Drumming

July 3rd - 8th, 2016

Student Enrollment Form – 2016

Registration forms and full fees must be received by June 1st, 2016. Early bird price is available only if entry is received before March 1st, 2016.

Student Name (First, Last): _____ Birthdate (dd/mm/yy): _____

Mailing Address: _____ City: _____

State/Province: _____ Postal/Zip Code: _____ Phone: _____

Email Address: _____ Medical Conditions/Allergies/Dietary Restrictions: _____

Instrument: _____ Level: _____

Emergency Contact Information

Name: _____ Relationship: _____

Home Phone: _____ Mobile: _____

Prices

Lodging and Meals:	\$350.00 (USD)
Early Bird Tuition (Received by March 1st, 2016):	\$425.00 (USD)
Regular Tuition:	\$475.00 (USD)
Additional Family Member Tuition:	\$240.00 (USD)
Non-Refundable Deposit:	\$100.00 (USD)

Information Regarding Early Bird Registration Price

Discounted price is available **ONLY** if registration and non-refundable deposit are **received before March 1st, 2016**. Remainder of tuition and/or lodging **must be received before June 1st, 2016**.

Please Check All Applicable Fees:

- Non-Refundable Deposit Only (\$100.00 USD)
- Early Bird Tuition (\$425.00 USD)
- Regular Tuition (\$475.00 USD)
- Additional Family Member Tuition (\$240.00 USD)
- Add On-Site Lodging and Meals (\$350.00 USD)

Total Funds Enclosed: _____ (USD)

Checks Payable To: Ocean Park School of Piping & Drumming

Mailing Address: Brittney Otto
726 Cherry Street #100
Sumas, WA
98295 – 9649

Non-Refundable Deposit must be received **before March 1st, 2016** for Early Bird Price. Full payment must be received **before June 1st, 2016**

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Waiver: Please sign and send with registration form.

In case of medical emergency, I hereby give my permission to the physician selected by Ocean Park School of Piping & Drumming to secure medical treatment for me. If the medical emergency pertains to my child, I understand that reasonable efforts will be made to contact me, time permitting. In the event that I cannot be reached through reasonable efforts or time does not permit such efforts, I hereby give my permission to the physician selected by Ocean Park School of Piping & Drumming to secure medical treatment for my child, with the understanding that Ocean Park School of Piping & Drumming will continue to make reasonable efforts to advise me of the situation.

I further agree that I will not hold Ocean Park Retreat Center, Ocean Park School of Piping & Drumming, or their agents or employees responsible for any accident or injury.

I also give permission for photographs and video of me or my child to be taken during the Ocean Park School of Piping & Drumming for use in future promotions.

Name of Student (and parent/guardian if applicable): _____

Signature (of parent/guardian if under age 18): _____

Date Signed: _____