



TREASURE COAST
COMMUNITY SCHOOL OF THE ARTS

Hobe Sound Bible College

Treasure Coast Community School of the Arts

Please return the completed application and \$50.00 (non-refundable) deposit or full payment. Applications will be accepted until registration on the first day of each camp. Full payment is required at that time.

Student Name: _____ M/F: _____ Age (as of camp): _____ Grade (Fall 2024): _____

Camp Desired (mark all that apply):

- Children's Summer Theater (Music and Drama - entering 1st grade through 9th grade): May 28-June 8
*two-week camp
- Imagine Arts (all ages): June 3-7
- Band Camp (entering 4th grade through 12th grade): June 10-15
- Summer Piano Expedition (entering 1st grade through 12th grade): June 17-22
- Lift Your Voice! (Choral/Vocal – entering 4th grade through 12th grade): June 25 – 29

Parent(s) name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Parent email: _____

Emergency contact, if different than parent (name and phone):

Previous years of study: _____ Current teacher: _____

Teacher address or email: _____

Please list any relevant recent musical experiences (performances, competitions, pieces studied, etc.):

Circle T-shirt size: Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Other _____

Camp Fee (To encourage students to participate in multiple levels of camp per year, TCCSA Summer Camps offers the following pricing structure):

- \$180.00 (1st camp) _____
- \$165.00 (2nd camp*) + _____
- \$150.00 (3rd camp) + _____
- \$135.00 (4th camp) + _____
- \$120.00 (5th camp) + _____

Family Discount (applicable for each immediate family member of a full-paying registered camper) - **\$15.00**

Total Amount: _____

**Children's Summer Theater is a two-week camp, so the camp fee is the price of 1st Camp + 2nd Camp = \$345.00*

TOTAL ENCLOSED: (Make checks payable to Hobe Sound Bible College) _____

LIABILITY RELEASE: (By signing the registration form, parents and guardians agree to the following)

- I (we) hereby authorize the director and staff of the TCCSA Summer Camps to act for me (us) according to their best judgment.
- I (we) hereby waive and release the TCCSA Summer Camps from all liability for any personal injury arising from any camp activities including but not limited to class, devotional, game, recreational, and athletic games (field and water) at camp.
- I (we) will be responsible for any medical and other charges in connection with attendance at this camp.
- I (we) understand reasonable efforts will be made to contact me (us) first in the event of an emergency.

PARENT SIGNATURE: _____ **DATE** _____

Please return registration form and payment to: *Hobe Sound Bible College, PO Box 1065, Hobe Sound, FL 33475*