



123 S Pastoria Ave
(650) 427-9986

Sunnyvale, CA
mts.classes@gmail.com

Summer Camp Registration

REGISTRATION

Registration for any MTS Summer Camps must be completed and submitted by May 30, 2024 to reserve the student's space. Participants may sign up for one or multiple weekly camps.

CAMP INFORMATION

MTS Summer Camp hours are Monday-Friday 9:00 am - 3:00 pm. Please do not drop off your child more than 10 minutes prior to the start time of camp.

Session 1: June 10 - 14

Session 2: June 24 - 28

Session 3: July 8 - 12

Session 4: July 22 - 26

Please have an arranged pick up for any child attending a camp no more than 10 minutes after the scheduled end time of 3:00 pm.

Before and after care is available but must be arranged with the studio in advance. There will be \$20/hr per student charge for any before or after care.

INSTRUMENTS & EQUIPMENT

Students must bring their own instrument (with the exception of drums and piano/keyboard) and necessary equipment. (e.g. guitar, picks, sticks, tuner, etc)

Students are expected to keep a 3 ring binder to help chronicle their progress and to keep all learning materials together. Additionally every student will need to bring a pair of headphones. Over the head style headphones are preferred.

Students will need to bring their own lunch daily. It is also recommended that each student bring a water bottle.

FEES & REFUNDS

A fee of \$600 per participant must be paid at time of registration for each . Refunds will not be given for cancellations. There will be no proration of fees for any days a student participant cannot attend.



WAIVERS & INFORMED CONSENT

By signing this form, I, as parent/guardian, permit MTS Studios to use pictures of my child(ren) as a program participant in promotional literature, videos, and MTS Studio website. I understand my child(ren)'s name(s) will not be published.

I, as parent/guardian of _____ ("Student"), hereby assume all risks and hazards incidental to the conduct of the activities at MTS and transportation to and from the activities. My Child is fit for the program(s) in which I have enrolled him/her. **I HEREBY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS RELEASEES FROM EVERY CLAIM AND ANY LIABILITY THAT I OR MY CHILD MAY ALLEGE AGAINST RELEASEES (including reasonable legal fees and costs) AS A DIRECT OR INDIRECT RESULT OF INJURY OR DEATH TO ME OR MY CHILD BECAUSE OF MY CHILD'S PARTICIPATION IN ANY MTS PROGRAMS WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERS TO THE MAXIMUM EXTENT PERMITTED BY LAW. I PROMISE NOT TO SUE RELEASEES ON MY BEHALF OR ON BEHALF OF MY CHILD REGARDING ANY CLAIM ARISING FROM OR RELATED TO MY CHILD'S PARTICIPATION IN ANY MTS STUDIO PROGRAMS.**

I ACKNOWLEDGE THAT, BY SIGNING THIS DOCUMENT, I AM RELEASING MUSICIAN TRAINING SOLUTIONS, AND THEIR REPRESENTATIVES, AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS, SPONSORS, PROMOTERS, AND AFFILIATES (COLLECTIVELY "RELEASEES") FROM LIABILITY, AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS SIGN UP AND RELEASE FORM IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL ACTIVITIES IN WHICH MY CHILD ENGAGES DURING THE SUMMER CAMP AT MTS STUDIOS, REGARDLESS OF WHETHER SUCH ACTIVITY IS A PART OF A FORMAL PROGRAM. I HAVE READ THIS RELEASE CAREFULLY BEFORE SIGNING. I UNDERSTAND WHAT THIS RELEASE MEANS AND WHAT I AM AGREEING TO BY SIGNING.

I understand that no insurance coverage for participants in these activities is provided by MTS Studios. By registering for this program, I understand and agree that if a portion of the program is unable to be completed due to unforeseen circumstances under responsibility of the MTS Studios, I will receive a prorated credit on my account for the uncompleted portion of the program. I also understand that no refunds or proration will be given for any other reason.

STUDENT(S) NAME _____

CLIENT/GUARDIAN NAME _____

CLIENT SIGNATURE _____ DATE _____



Summer Camp Registration Form

Participant 1

Full Name: _____ Nickname: _____
Address _____ City: _____ State: _____
Zip: _____

IN CASE OF EMERGENCY:

Guardian Name: _____ Phone number: _____
Alternative Phone number: _____
Guardian Email: _____

Is this child allergic to anything? _____ If yes, explain: _____

Is this child currently taking medication? _____ If yes, explain: _____

Does this child have special needs*? _____ If yes, explain: _____

Participant 2

*if reserving a spot for more than one student

Full Name: _____ Nickname: _____
Address _____ City: _____ State: _____
Zip: _____

IN CASE OF EMERGENCY:

Guardian Name: _____ Phone number: _____
Alternative Phone number: _____
Guardian Email: _____

Is this child allergic to anything? _____ If yes, explain: _____

Is this child currently taking medication? _____ If yes, explain: _____

Does this child have special needs*? _____ If yes, explain: _____