



ROCKER REGISTRATION FORM

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Mail: Visionary College
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St. Albert AB T8N 6M9

Email: registrar@visionarycollege.ab.ca
Website: camrockstar.ca
visionarycollege.ab.ca

A little  marketing survey

How did you hear about Camp Rockstar:
Billboard / Poster: Family / Friend:
School / Teacher: Attended Previous Year:

Street Team Referral _____
(Street team rep name)
TV: Other:

Basic Information

Week Attending

July 5 -10 2010 Augustana, Camrose August 16-21, 2010 Augustana, Camrose Both Weeks

Last Name: _____ First Name: _____ Middle Initial: _____
Date of Birth: _____ Age: _____ Male Female Name of School attended: _____ School Grade: _____
mm/dd/yyyy
Street Address: _____ Postal Code: _____
Town/City: _____ Province: _____ Email: _____
Telephone: _____ Fax: _____

Music Background

Instruments(s) you play (in order of preference) and number of years playing: _____

Instrument(s) you will play at camp, in order of preference: _____

Have you been in a band before? Yes No If yes, how long have you been in a band for? _____

Are you attending as a complete band? Yes No

Names of other band members: _____

Do you know anyone attending camp with whom you want to play in a band or be roomed?

Top 4 Favorite Bands & Albums:

Payment Information

(please note, credit card payments are only accepted in person at Visionary College registration offices)

Will you be taking the bus to camp? Yes No

T-Shirt Size: _____

(\$35.00 + gst round trip / per week)

One week camp \$595.00 +gst One week camp, with busing \$630.00 +gst
 Two week camp \$1165.00 +gst Two week camp, with busing \$1235.00 +gst

Registration & Bus Fees: _____
5% Gst: _____
Total: _____

Date of Payment _____
mm/dd/yyyy

Method of Payment:
 Cash Cheque or Money Order
 Visa Mastercard

Do you require equipment rentals for camp?

Yes No

Students attending camp are encouraged to bring their own equipment with them.

Vocalists are required to provide their own microphones. Mic rentals are also available from Innovations Music.

If in-person pickup is not possible due to travel arrangements or other situations, equipment rentals are available from Innovations Music and will be coordinated to be delivered to Camp Rockstar by our registration staff.

Phone Innovations Music for rental pricing and deposit information.
780 460 4432
1 888 460 4400
www.innovationsmusic.com



Student Health Form - Camp RockStar 2010

Week 1: Camrose, AB - July 5 - 10, 2010

Week 2: Camrose, AB - August 16 - 21, 2010

Both Weeks

To be completed by parent/guardian. The information on this form will be kept confidential and will be used by Visionary College personnel in case of emergency.

Last Name: _____ First Name: _____
 Date of Birth(mm/dd/yy): _____ Age: _____ Male _____ Female _____
 Address: _____
 Town/City: _____ Province: _____ Postal Code: _____
 Home ph#: _____ Work ph#: _____ Cell ph#: _____
 Alberta Health Care Number: _____
 Other province plan # (if not AB): _____
 Or Extended Health Co. and #: _____
 Parent/Legal Guardian: _____ Email: _____
 Home ph#: _____ Work ph#: _____ Cell ph#: _____

Emergency Contact Information

1. Name: _____
 Home ph#: _____ Work ph#: _____ Cell ph#: _____
 Address: _____

 2. Name: _____
 Home ph#: _____ Work ph#: _____ Cell ph#: _____
 Address: _____

Consent and Release

Students will NOT be allowed to participate in Camp RockStar unless this form is complete and the terms of participation are accepted and agreed to by a parent or legal guardian. Camp RockStar expects that parents/guardians will advise participants of acceptable behavior prior to the camp.

We are not responsible for lost, stolen, or damaged equipment.

For the well-being of all participants, students will be under supervision day and night. A high standard of conduct will be expected from participants at all times. Visionary College and Camp Rockstar reserve the right to refuse applicants.

Camp RockStar, and Augustana have a **ZERO TOLERANCE** policy regarding drugs, alcohol, and weapons. Flammable materials including incense, fireworks, or explosives of any kind are not allowed. Smoking is prohibited for all students and is prohibited in all buildings.

Students may not leave Augustana unsupervised. In the event that a student leaves the camp, Camp RockStar and its staff will be absolved from any claims.

The supervisors will deal with any infraction of the above rules or deviation from suitable behavior. Violators will be sent home WITHOUT refund. It will be the responsibility of the parent or guardian to pick up the student from camp. Camp RockStar's staff will not be responsible for any accidents that may occur.

Students agree to give reasonable care to their rooms and furnishings and to make payment for any damage or loss assessed by the staff. Lost room keys will result in a charge of \$100.00, payable to Augustana University.

Photographs, audio, and video recordings may be made of students at Camp RockStar and these may be used for promotional materials for Camp RockStar and for training purposes. Your signature below indicates your release and consent.

In the case of medical emergency, I, _____ being in the relationship of _____ to _____ hereby give permission to the physician appointed by Camp RockStar to perform and secure necessary treatment, including hospitalization, for the said child.

The personal information that you provide is being collected under authority of the College Act and the Freedom of Information and Protection of Privacy Act of Alberta. It will be used for student records and attendance. The information will be protected in compliance with the provisions of the Freedom of Information and Protection of Privacy Act of Alberta.

In consideration of accepting the participant's registration for Camp RockStar, the undersigned consent and agree to these terms of participation in Camp RockStar and forever release Camp RockStar, Visionary Solutions Inc., Visionary College, Visionary Entertainment Inc., Innovations Music, Augustana, staff, instructors, and supervisors from any claims, damages, or causes of action arising out of participation in Camp RockStar.

Parent or Guardian Signature _____

Student Signature _____ DATE (mm/dd/yy) _____

Physician Information

Physician's name: _____

Phone: _____

FULL DISCLOSURE of medical information is required

Attach any other information on a separate page if needed.

Are all immunizations up to date? Yes No

If not please specify: _____

Date of most recent tetanus shot: _____

(mm/dd/yy)

Please check the illnesses you have had:

- Chicken Pox
- Red Measles
- Mumps
- Whooping Cough
- Scarlet Fever
- Rheumatic Fever

Please check which are applicable:

- Frequent Colds
- Sinus Trouble
- Earache
- Arthritis
- Bed Wetting
- Sleepwalking
- Nightmares

Other? Please Specify: _____

Do you have any other chronic conditions such as diabetes, asthma, epilepsy, migraines, etc? _____

Do you have any Allergies? Yes No

Please Specify: _____

Do you require a special diet? Yes No

Please specify: _____

Are you taking any medications? Yes No

Drug name: _____ Condition: _____

Dosage: _____ Frequency: _____

Drug name: _____ Condition: _____

Dosage: _____ Frequency: _____

Medications must be sent in original pharmacy bottle, correctly labeled with doctor's and student's name and instructions.

If you have any religious convictions which prohibit some medical practices, please specify: _____

Other special needs or requirements Visionary College should be aware of please describe: _____
