

# INTERMEDIATE Band Camp Registration

## Camp Info:

- **Date:** July 8<sup>th</sup>- July 12<sup>th</sup>
- **Location:** Lutz Prep (Late drop off and early pick up will be made from the pre-prep office)
- **Time:** Camp runs from 8:30-3:00 daily.
- Morning Care (\$5 Day/ \$20 Week) and After Care (\$17/ \$68 Week) will be available as needed.
- **Dress Code/Required Items:** All students should come dressed in comfortable clothes and closed toed shoes. Students do not need to be in uniform. All students are required to bring their own water bottle, lunch and (2) snacks daily.
- All students will receive a performance shirt for the Friday performance at 2:30.

## Contact Information:

**Summer Camp Coordinator:** Mae Adkins

**Email:** Mae.adkins@lutzprep.org

**Phone Number:** 813-428-7100 (Ext. 215)

### REQUIRED INFORMATION:

Student Name: \_\_\_\_\_ Student Age: \_\_\_\_\_

Grade for the 24-25 School Year \_\_\_\_\_

How many years of band experience does your student have? \_\_\_\_\_

What instrument does your athlete typically play? \_\_\_\_\_

Shirt Size: YXS YS YM YL YXL AS AM AL AXL AXXL

**Camp Cost = \$300**

**PAYMENT IS DUE AT TIME OF ENROLLMENT**

**Payments should be made via check. Checks can be dropped off to the front office at any time.**

Lutz Preparatory School Summer Camp  
Emergency Information and Authorization for Student Release Card

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Allergies: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent 1 Name:	Parent 2 Name:
Employer:	Employer:
Business Phone:	Business Phone:
Cell Phone:	Cell Phone:
E-Mail:	E-Mail:
Person(s) to contact/release to if parent is unavailable:	Person(s) to contact/release to if parent is unavailable:
Name:	Name:
Phone:	Phone:
Medical Information	
Hospital Preference:	Physician's Name & Number:
Health Problems/Allergies:	Current Medication:

**Lutz Preparatory School**

17951 N US Highway 41

Lutz, FL 33549

Policies/Procedures – SUMMER CAMP 2023

\_\_\_ I understand that if I am late picking up my child/children from Lutz Prep’s 2024 summer camp, my child will be placed in aftercare and I will be charged the daily rate of \$17 per child.

\_\_\_ I understand that any property or personal items brought on school property will be the sole responsibility of the student. Lutz Preparatory School will not be held responsible for any loss or damage to such property or effects.

\_\_\_ I understand that I must provide a water bottle for my student every day with his/her first and last name on it. I also understand that if my student is attending a full day camp, I am responsible for providing my child’s lunch.

\_\_\_ I understand that uniforms are not required for summer camp, however, my child must be dressed in school appropriate clothing including shorts (fingertip in length), shirts with sleeves, and closed toe shoes or sneakers.

\_\_\_ I understand that all of the procedures and policies outlined in the Lutz Preparatory parent/student handbooks apply to all summer camp activities.

\_\_\_ I understand that this summer camp is a school sponsored activity and as such, my child is held to the code of conduct established within the Lutz Preparatory Student Handbook available on the school’s website: as well as the Hillsborough County Code of Student Conduct. I understand that if any infractions occur, I may be required to come and pick up my child. In this event, I understand that my child may also be subject to being discharged from the remainder set of camp dates registered if deemed necessary by the school administration.

\_\_\_ I hereby authorize and give full consent to Lutz Preparatory Summer Camp staff, teachers, and assistants to photograph my child/children during camp activities.

\_\_\_ I authorize and give full consent to Lutz Preparatory School and Summer Camp to publish and/or print my child’s photograph.

\_\_\_\_\_

Parent Name

\_\_\_\_\_

Date

\_\_\_\_\_

Parent Signature