**HYDE PARK ALLEGRO MUSIC CAMP 2025**

**AUGUST 11-15, 2025 -- REGISTRATION FORM**

**CAMPER NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Fall 2025\_\_\_\_\_\_\_\_

Primary Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN 1** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Cell/Work *(Please indicate daytime phone number)*

E-mail Address 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN 2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Cell/Work *(Please indicate daytime phone number)*

E-mail Address 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Cell/Work

**EMERGENCY MEDICAL CONTACT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone/Pager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOOD OR OTHER ALLERGIES, HEALTH CONDITIONS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ANY SPECIAL REQUESTS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DISMISSAL:**  Please list names and phone numbers of persons other than parents/guardians authorized for pick up at

St Paul and the Redeemer Episcopal Church.

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Does your child read music?* *Yes No*

*Does your child sing in a choir or play any musical instruments? Yes No*

*If yes, describe briefly \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**T-SHIRT [Youth size]**: Small \_\_\_\_\_\_ Medium \_\_\_\_\_\_ Large \_\_\_\_\_\_ Extra Large \_\_\_\_\_\_

**T-SHIRT [Adult size]**: Small \_\_\_\_\_\_

Please complete reverse side of application 🡪 🡪

**HYDE PARK ALLEGRO MUSIC CAMP 2025 REGISTRATION FORM continued**

**TUITION FEE** (Includes all instruction, workshops, handouts, t-shirt, ice cream walk):

***Early Registration Discount:***

***March 11, 2025 through May 31, 2025:***  *$345.00 \_\_\_\_\_\_*

***Regular Registration:***

***June 1, 2025 through July 31, 2025:*** *$395.00 \_\_\_\_\_\_*

***Tuition Sibling Discount: minus 10% per sibling -- \_\_\_\_\_\_\_\_\_\_\_\_***

**TOTAL FEE = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**You will receive e-mail confirmation of your registration. Camp information and schedule will be e-mailed in July.**

Please make check payable to ***Hyde Park Allegro Music Camp***.

**Second Payment Option:** Tuition may also be transferred by *Zelle Chase Quick Pay*.

Send or email registration form/payment to: ***Donna Lee Fackenthal,*** ***Hyde Park Allegro Music Camp,***

***5303 South Drexel Avenue, Chicago, IL 60615***

***Email:*** [***dlfpiano@me.com***](mailto:dlfpiano@me.com)

***Refund and Cancellation Policy:*** *Before or on May 31, 2025: 100% tuition refund. June 1, 2025 through July 11, 2025: 50% tuition refund.*

*After July 11, 2025: No tuition refund.*

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***MEDICAL PERMISSION, WALKING TRIPS, AND WAIVER/RELEASE OF CLAIMS***

In consideration of the undersigned's child or ward being allowed to participate in a music camp at St. Paul and the Redeemer Episcopal Church and any related events and activities, and intending to be legally bound, the undersigned:  
1. *Medical treatment*: Acknowledge that in the event there is a necessity for immediate medical examination and/or treatment of the undersigned’s child or ward as determined by Hyde Park Allegro Music Camp (the "Camp"), its principals or agents, or the staff of St. Paul and the Redeemer Episcopal Church (the "Church"), and the child or ward's authorized medical contact cannot be reached, the undersigned hereby authorize any of the aforesaid personnel to obtain for said child or ward such medical care as such personnel deem best.

2. *Walking trips:* I/We hereby give my/our permission for my/our child to take scheduled walking trips supervised by Camp staff.  
3. *Release of liability*: Acknowledge and fully understand that while each participant will be engaging in activities that are normally viewed as

of limited risk and the Camp personnel will attempt to provide a safe environment and proper supervision for all Camp activities, nevertheless

a participant may be exposed to risk of harm caused by selection of medical care authorized above, the action, inaction, or negligence of the Camp's or the Church's principals and agents, in any respect, or the condition of the premises or of any equipment used. Further, they acknowledge that there may be other risks not known to the Camp or Church not reasonably foreseeable at this time.

The undersigned release, waive, discharge and covenant not to sue the Camp, the Church and their respective administrators, directors, and agents.

I/We have read and understand the above waiver and release and sign it voluntarily.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***MEDIA PERMISSION***

Photos will be taken and audios/videos recorded of camp participants. Please note that these will be used for the camp Website, possible

media reporting, and archival purposes only. If you CONSENT to have your child appear in any publication, please sign here:

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***QUESTIONS, CONCERNS??*** Please e-mail HPAMC Director, Donna Lee Fackenthal at [dlfpiano@me.com](mailto:dlfpiano@me.com) or phone 773 315 8268.

**CAMP OFFICE USE ONLY:**

Registration Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Confirmation Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_