

**Boukobza Academy Summer Camp  
for Junior-High and High-School Students  
France and Belgium, Summer 2019**

**July 6<sup>th</sup> – July 31<sup>st</sup>**

Laurent Boukobza, Director  
Hannah Fontecchio, Assistant

Please circle the instrument you are registering your child for:

**Piano    Violin    Cello    Voice**

Name of student \_\_\_\_\_ Age on July 6<sup>th</sup>, 2019 \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

Address (including zip code) \_\_\_\_\_

\_\_\_\_\_

Phone number (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

E-mail address \_\_\_\_\_

\_\_\_\_\_

Medical insurance and policy number \_\_\_\_\_

\_\_\_\_\_

Doctor's name & phone number \_\_\_\_\_

\_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

**PR Release and hold harmless form: Boukobza Academy Summer Camp**

We, \_\_\_\_\_ give permission to the Boukobza Academy Summer Camp to photograph, audio record, and/or video-tape my child \_\_\_\_\_, during the course of camp activities and performance and to use the photos/video footage for purposes of promotion and archiving. I also hold Laurent Boukobza, and the Boukobza Academy Summer Camp employees and its affiliates harmless from liability during the time my child is participating in camp activities.

\_\_\_\_\_  
Parent signature (Notorized)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature (Notorized)

\_\_\_\_\_  
Date

Make Money order payable to: Laurent Boukobza Int'l Piano Acad. LLC.

For more information, contact Laurent Boukobza at [laurent.boukobza.pianist@gmail.com](mailto:laurent.boukobza.pianist@gmail.com)