



## Williamstown Orchestra Workshop

Monday, July 18 - Friday, July 22, 2022

### Registration Form

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Student Name \_\_\_\_\_ Student e-mail \_\_\_\_\_ Student phone \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in school in September 2022 \_\_\_\_\_

Student Instrument:  violin  viola  cello  bass How long has your child played this instrument? \_\_\_\_\_

Has your child taken private lessons? \_\_\_\_\_ Teacher's name \_\_\_\_\_

Has your child played in a school orchestra or other ensembles? \_\_\_\_\_ Name of school \_\_\_\_\_

**Please provide with student's registration form a simple phone video** of your child performing a short selection of their choice for placement purposes. You may text it to Jimmy Bergin's cell phone at 781.910.3636.

**Tuition: Early Bird Registration:**

**\$400 if received by June 1st**

**\$450 if received between June 2nd and June 18th**

*10% sibling discount*

**Payment** may be made by the following methods:

- Check payable to Williamstown Orchestra Workshop  
mailed to WOW, 55 Beacon St., North Adams, MA 012147
- PayPal: [berginmusik@gmail.com](mailto:berginmusik@gmail.com)
- Venmo: @James-Bergin

**Withdrawal policy:** If you need to withdraw before July 1st, 50% of the fee paid will be refunded.

*After July 1st, tuition is nonrefundable.*

*Please supply contact information on reverse side.*

**CONTACT INFORMATION**

Parent/Guardian 1	Parent/Guardian 2
name	name
street address	street address
city, state, zip	city, state, zip
home phone	home phone
work phone	work phone
cell	cell
email	email

Emergency contact 1	Emergency contact 2
name	name
relationship	relationship
street address	street address
city, state, zip	city, state, zip
home phone	home phone
work phone	work phone
cell phone	cell phone
email	email

Children should bring a bag lunch and drink each day. A light snack and drink will be provided.

Any allergies, medical conditions or medications we should know about?

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Doctor's name and phone number

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I hereby waive and release WOW from any and all liability for any physical injuries my child may suffer while at WOW. My signature on this waiver also states that the above-named participant is covered by my personal medical insurance policy. I understand that I am responsible for all hospital, prescription, laboratory, and doctor's fees. I give the WOW staff authority to act for me according to their judgment in any emergency requiring medical attention for my child.

Parent/Guardian's signature

Date \_\_\_\_\_

I \_\_\_\_\_ do / \_\_\_\_\_ do not give permission for WOW to use photographs/video of my child for promotional purposes.