# Camp Rock 2024



# **Sponsored by FOSAA**



FRIENDS OF THE SAINT AUGUSTINE AMPHITHEATRE CELEBRATING 15 YEARS P.O. Box 840179 St. Augustine, FL 32080-0179 information@fosaa.org



Dear Parents and Students,

### Camp Rock 2024 is on!

Welcome to **CAMP ROCK 2024, sponsored by FOSAA!** Your student is going to have a unique and exciting experience! We will be providing your student with a complete experience of instruction through performance!

Attached you will find the Camp Rock 2024 handbook. Please read the information in the handbook carefully and then sign the final page to confirm that you have read, understand, and abide by the information included. Please bring the signature page along with tuition due on the first day of camp, due at check-in. Checks are made out to FOSAA.

Students bring their instruments and a small amp. Drummers, please bring your snare drums, sticks, and stands.

Students will check in and out at The Amp entrance next to the Box Office. Camp assistant and FOSAA Director, Mark Ramirez, will be there in the morning to check students in and again in the afternoon to check students out. All campers will be escorted to the backstage classrooms and the check-out area at the end of the day.

We take our student's safety very seriously. No one is allowed backstage or on The Amp grounds unescorted.

Thank you,

Jim Stafford, Camp Rock Administrator Eclipse Recording Company 425 US Hwy 1 South - 107 St Augustine. FI 32086 904 794 1872 www.eclipserecording.com

Mark Ramirez, Director FOSAA (Friends of The St. Augustine Amphitheater)





#### CAMP DATES AND HOURS OF OPERATION:

The camp will run Monday, July 22 through Friday, July 26, 2024, 8:30 am to 4 pm at The Amp 1340C A1A South, 32080. Recording sessions at Eclipse Recording Co. have been reserved beginning Monday, July 29 through Thursday, August 1, 2024. We will be unable to schedule any airtime after that reserved window!

#### Camp Rock 2024 Concert

The Camp Rock 2024 Concert, at The Amp on the Main Stage, will be on Friday, August 2nd (time TBD). Invite your friends and family to watch the future Rock Stars perform!

Students will be released to go home directly after the concert, after signing out with Mark Ramirez, FOSAA Director. (A separate reminder will be sent home with the students that week).

**DROP-OFF AND PICK-UP TIMES:** Students may be dropped off <u>no earlier than</u> <u>8:15 am.</u> Students must be picked up <u>no later than 4:15 pm</u>. No parent should ever leave a student if a staff member is not present.

#### SIGN IN/OUT PROCEDURE:

Each day the student(s) will check in at the Amp entrance next to the Box Office. After camp, students will be signed out by an authorized adult daily. An ID will be needed to sign your student(s) out. No one other than who is listed on the camp application will be permitted to pick up a student. If student(s) are driving themselves, they will not be permitted to drive another student(s) home unless previously arranged in writing by that student (s) parent(s)/guardian.

#### **ATTENDANCE:**

Our instructors are professionals who put a lot of time and effort into their classes. Therefore, your student must attend camp every day. If your student must miss camp because of illness Jim Stafford, Camp Administrator, <u>must be notified by 8</u> <u>AM that morning at 904-794-1872</u>. Students who are a "no show" on any given morning will be removed from camp.

#### Camp T-shirt:

Students will receive a Camp Rock 2024 T-shirt to wear for the Camp Rock 2024 Concert!



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#### FOOD & WATER:

The Amp is now a **Green** facility. Students are required to bring their lunch and **water bottles** to fill at the water stations.

#### HEALTH ISSUES:

The staff is not permitted to administer medications. 911 will be called for medical emergencies. We will have a Nurse on site.

#### CONTACT Email:

If you have questions or concerns, please email Jim Stafford, Camp Administrator at <a href="mailto:camprock@eclipserecording.com">camprock@eclipserecording.com</a>

#### SIGNATURE PAGE

I have read and understand all the material in this Handbook.

Parent/Guardian Signature

Date

Student(s) Name(s)



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#### Camp Rock 2024, Sponsored by FOSAA Pre- Pre-Registration Form, reserve a spot now! Date Monday, July 22 through Friday, July 26, 2024

Recording session: Monday, July 29<sup>th</sup> through Thursday August 1, 2024

Tuition \$300.00 (includes a \$25.00 non-refundable fee).

#### SPACE IS LIMITED TO 30 STUDENTS!

All reservations are guaranteed if the student is available for the scheduled camp dates.

Please complete this application (print or type) and mail or email it to: Eclipse Recording Studios 4425 US Hwy 1 South, Suite 107 St. Augustine, Florida 32086 For more information and guestions go to camprock@eclipserecording.com

Ages of Campers as of FALL 2024: 12 to 18 years old

| Student(s): Last Name      |                        | First Name:                        |                       |  |  |
|----------------------------|------------------------|------------------------------------|-----------------------|--|--|
| Address:                   |                        |                                    |                       |  |  |
| City:                      | State:                 | Zip Code                           | :                     |  |  |
| Gender: M F D.O.B          | Grade as of Fall 2024: |                                    |                       |  |  |
| Name of School             |                        |                                    | Dominant Hand         |  |  |
| Musical Instrument: Voice_ |                        | Bass Drums<br>elect more than one) | Keyboards             |  |  |
| Years playing instrument:  | _ Do you own your i    | nstrument: Yes                     | No                    |  |  |
| Students need to supply th | eir instruments. Dru   | ms & and keyboards a               | are to be determined. |  |  |
|                            |                        |                                    |                       |  |  |
| Parent/Guardian print name |                        | Parent                             | /Guardian signature   |  |  |
| Phone: Home                | Cell                   | Work                               |                       |  |  |
| Email:                     |                        | Date: _                            |                       |  |  |





#### INFORMATION, AUTHORIZATION, RELEASE AND WAIVER AGREEMENT FOR FRIENDS OF THE ST. AUGUSTINE AMPHITHEATRE Camp Rock 2024, sponsored by FOSAA

Dates: July 22 through July 26, 2024 Recording sessions: July 29<sup>th</sup> through August 1, 2024 Tuition \$300.00 (includes a \$25.00 non-refundable fee)

Mail this application with <u>PAYMENT MADE OUT TO FOSAA</u> to: Eclipse Recording Studios 4425 US Hwy 1 South, Suite 107 St. Augustine, Florida 32086

For more information and questions go to <u>camprock@eclipserecording.com</u> Age of Campers as of FALL2024: 12 to 18 years old

| dent(s): Last Name                                    | First Name:      |              |                       |   |
|---|------------------|--------------|-----------------------|---|
| Address:  |                  |              |                       |   |
| City:   | State:           |              | Zip Code              |   |
| Gender: M F D.O.B.: _                                 |                  | Grade        | as of Fall 202        | 24:   |
| Name of School:                                       |                  |              |                       | Dominant Hand:  |
| How did you hear about Cam                            | o Rock:          |              |                       |   |
| Musical Instrument: Voice                             |                  |              | Drums<br>re than one) | Keyboards   |
| Years playing instrument:                             | Do you           | own your     | instrument: Ye        | es No   |
| Students need to suppl                                | y their instrur  | nents. Dru   | ıms & keyboa          | ards are to be determined.                            |
| Does your child need a schola                         | arship?          | _ Why do y   |                       | hild needs a scholarship?<br>ain on the reverse side) |
| I am aware students are respo                         | onsible for brin | ging their l | unch and 1 sr         | nack: (Initials)                                      |
| Food allergies or special need<br>Shirt size: Adult S | ls:<br>ML_       | XL           |                       |   |





Recording at Eclipse Recording Co. Date: July 29<sup>th</sup> through August 1, 2024. Parents/Guardians are responsible for the student's transportation to Eclipse Recording Co: \_\_\_\_\_ (Initials).

| Parent/Guardian (print)  |                         | Parent/Guardian signature                |  |
|--|-------------------------|--|--|
| _ Date:<br>An application must be received wit   | h payment by June 30    | 2024                                     |  |
|  | n payment by bane bo    | , 2027.                                  |  |
| Responsible Party Information:   |                         |  |  |
| Last Name:   | First Name:             |  |  |
| Address:   |                         |  |  |
| City:  | State:                  | Zip Code:                                |  |
| Home Phone:  | Cell Phone:             |  |  |
| Alternate Phone:   | Parent/Guardian Email(  | (s):                                     |  |
| Your Relationship to Participant(s): _<br>*If the relationship is other than the cu<br>of authority.                         | ustodial parent, please | specify and provide written confirmation |  |
| List of responsible parties for picking <ul> <li>Must provide photo ID at pi</li> <li>The ID name must be the set</li> </ul> | ick up.                 | n Camp                                   |  |
| Name: C  | ell Number:             | Address on Photo I.D.                    |  |
| 1  |                         |  |  |
| 2  |                         |  |  |
| 3  |                         |  |  |





I permit my student(s) to drive themselves to Camp Rock 2024.

## Camp Rock students cannot drive another student home without the other student's parents/guardian's written permission.

Parent / Guardian signature

Date

I will be driving myself to Camp Rock 2024.

Student signature

Date

Emergency Authorization:

In the event of a medical emergency, I authorize Friends of the St. Augustine Amphitheatre and/or its agents, representatives, employees, independent contractors, and/or officers or directors to contact healthcare provider(s) and/or emergency personnel. \_\_\_\_\_ (Initials)





#### Release and Waiver

The undersigned assumes full responsibility for and risk of bodily injury, death, or property damage to the named participant and/or the named participant's property due to the act(s), omission(s), and/or negligence of FOSAA, arising out of, resulting from or in connection with the above-named participant's participation in the camp and/or being upon the Premises and/or while using the Premises, facilities or equipment located at the Premises.

The undersigned fully and finally waives any demands, claims, and/or actions for damages including both personal injuries, including death, suffered by and/or property damage and all expenses and costs, including attorney's fees and costs, incurred on behalf of the minor participant arising out of, resulting from or in connection with the minor participant's participation in the camp and/or presence on the Premises.

This Release and Waiver extends and applies to and covers and includes all unknown, unforeseen, unanticipated, and/or unsuspected injuries, damages, losses, and liabilities and the consequences thereof as well as those now possibly foreseeable or known to exist. The provision of any State, Federal, local, or territorial law or statute providing in substance that releases shall not extend to claims, demands, injuries, or damages that are unknown or unsuspected to the person executing such Release and Waiver at the time of execution, are hereby expressly waived.

The undersigned has read this Agreement in its entirety and has knowingly and voluntarily signed this Information, Authorization, Release, and Waiver Agreement and further agrees that no oral representations, statements, and/or inducements not stated in this written agreement have been made to the undersigned.

I HEREBY CERTIFY that I am a custodial parent, legal guardian, or \_\_\_\_\_\_ of the above-named participant(s) and on behalf of myself and said participant(s) hereby agree to the terms stated herein.

I hereby permit my child/children to be photographed or videotaped which may also be used in print and media broadcasts. yes\_\_\_\_ no\_\_\_\_

Parent/Guardian (Print) Date:

Parent/Guardian Signature

Parent/Guardian (Print)

Parent/Guardian Signature

Date: \_\_