

SOUNDS OF SUMMER

2012 Sounds of Summer Band Camp June 13 – June 16, 2012

Registration Form

Deadline: May 25, 2012

Please complete the registration form below, enclose your payment of \$115 for tuition and a camp shirt (\$125 if mailed after the deadline) (check or money order payable to Princeton Band), and mail to:

*Sounds of Summer Band Camp
C/O Bob McClure
1000 East Princeton Drive, Princeton, TX 75407.*

Student's name _____ Instrument _____

Parent's (or guardian's) name _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Mother's daytime phone _____ Father's daytime phone _____

Date of birth _____ Grade next fall _____ Gender (M/F) _____

Student's e-mail address _____ Parent's e-mail address _____

T-shirt size (circle one, adult sizes): Small Medium Large Extra-Large

Special dietary requirements _____

Please list any health problems of which we should be aware _____

Please circle one of the following elective classes to participate in during camp:

Jazz Band	Colorguard	Drum Major/Leadership Class	Music Theory	Master Class
What instrument? _____	Have you spun before? how long? _____	Designed to help students become better student leaders.	Studies the basics of the language of music.	For students who want more individual help.

Office Use Only:

\$ _____ \$ _____
Received Date check # Balance due

Sounds of Summer Band Camp, Princeton, TX 75407

469-952-5400 ext. 3009 FAX 972-736-5902

<http://www.soundsofsummer.info>

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Camp Regulations

The **well-being and safety** of campers requires that the following rules and regulations be observed. Parents will be notified of infractions of these rules and serious violations may result in immediate dismissal from the camp. In such cases, fees cannot be refunded.

- Attendance at all rehearsals, sectionals, and required events is mandatory for all students. No one will be excused from a scheduled activity unless advance written permission is received and approved.
- All students are to remain for the full length of the program.
- No cars or motorbikes are allowed. Students **may not** drive or ride in a privately owned vehicle without specific prior written request from the parent (approved by the camp administration) stating the nature of the trip, destinations, expected time of return, and with whom the trip is to be taken. No general permission is acceptable.
- Members of the camp, on or off campus, may not use controlled substances (alcohol, non-prescription drugs, marijuana, etc.). Smoking is not permitted in campus buildings, and all campus smoking regulations will be strictly observed.
- No animals or pets of any nature are allowed.
- Campers will be issued camp buttons that must be worn at all times and be used for identification at meals. A charge of \$2.00 will be made for the replacement of a lost button.
- All students must be signed out by a parent with the camp office if they wish to leave the camp prior to the end of the night activity or any time during the camp day.
- In case of emergency, you may contact the camp directors at any time.

By signing below, I indicate that I have read and understand the rules and regulations for the Sounds of Summer Band Camp. In the event that these rules are not followed, I understand that I will be asked to leave the camp and that my tuition will not be refunded.

Student signature

Date

Parent/Guardian signature

Date

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Parent/Guardian Release Health History & Emergency Information (Please print clearly!)

Student's Name _____ Age: _____ Home Phone: _____

Address: _____

City/State/Zip: _____

Social Security Number: _____ Gender: M F Date of Birth: _____

PERSONAL MEDICAL HISTORY: Has the applicant had any of the following? Please check all that are applicable*

- | | | | | |
|--|--|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Emotional Disorders | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Kidney Disease | <i>(please explain on separate sheet)</i> | <input type="checkbox"/> Other-If there is anything |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Measles | <input type="checkbox"/> Malignancy | <input type="checkbox"/> Psychiatric Care | <i>else we should know about</i> |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Hives | <i>(please explain on separate sheet)</i> | <i>his/her health please explain</i> |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Mumps | <input type="checkbox"/> Tuberculosis | <i>on a separate sheet & attach</i> |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Tonsillitis | |
| <input type="checkbox"/> Jaundice | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Anemia | <input type="checkbox"/> Hepatitis | |

* If the student has any serious or ongoing medical problems (i.e. diabetes, duodenal ulcers, asthma, etc) please attach a note explaining your special situation.

Any current restrictions on activity? _____

Does the student need any special consideration on the advice of a physician? Yes No

Does he/she need any special consideration on the advice of a psychiatrist, psychologist, or mental health therapist?
 Yes No

(If the answer is yes to either of the previous questions, a letter from the student's physician or counselor/therapist should be attached or sent separately to the Band Camp Administrator. Such information will be considered confidential and privileged.)

IMMUNIZATION RECORDS (must have latest dates):

Please attach a copy of an up-to-date immunization card or fill in the following:

<u>Immunization</u>	<u>Date Immunized</u>	<u>Allergies:</u> Any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is applicant allergic to? (attach a separate sheet if
Tetanus, Diphtheria, DPT, Oral Polio necessary)	_____	_____
Mumps Vaccine	_____	_____
Measles Vaccine	_____	_____
Rubella Vaccination	_____	_____
Haemophilus Influenza type B	_____	_____
Varicella (chicken pox)	_____	_____
Hepatitis B	_____	_____

MEDICATIONS:

Is student taking medication(s)? Yes No. If yes, what medication(s)? _____

EMERGENCY INFORMATION:

Parent's/Guardian's Name(s) _____ Daytime/work Phone: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Please list an additional person to contact in case of an emergency if the parent or guardian cannot be reached:

Name: _____ Daytime Phone: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Student's Physician (*primary care provider*): _____ Phone: _____

HEALTH INSURANCE INFORMATION (If possible, please enclose a photo copy of your insurance card):

Name of person listed as primary insured on the insurance card: _____

Insurance Company: _____ Policy Number: _____

Insurance Company Phone: _____

Are there any special precautions that must be considered in treating the participant in the case of an emergency (allergies, diabetes, contact lenses, etc.)? Yes No If yes, please explain:

Any dietary needs (vegetarian, lactose-intolerant, food allergies, etc.)? Yes No If yes, please explain:

PERMISSION FOR MEDICAL TREATMENT AND PARENT/GUARDIAN RELEASE

I, the undersigned as the parent/guardian of my son/daughter, _____, a minor, request that he/she be admitted to participate in the Sounds of Summer Band Camp. In consideration of such admission, I do hereby agree to release, discharge and hold harmless the camp staff and Princeton ISD from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising from the minor's attendance at the camp, or in the course of completion and/or activities held in connection with the camp.

I verify that _____ has medical insurance, detailed above, and is physically able to participate in the band camp. I hereby authorize the director of the camp to act on my behalf according to their best judgment in any emergency requiring medical attention, or in any routine medical care of an injury/accident. I, the registrant parent or guardian, will assume the responsibility for any emergency or medical service that may be required during the course of the camp.

Parent/Guardian signature

Date