

**2017 SWOSU BAND CAMP APPLICATION JULY 9-14, 2017**

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
 (Please Print)  
 Address \_\_\_\_\_  
 (Street or PO Box) (City) (State) (Zip)

Instrument \_\_\_\_\_ Instrument Serial # \_\_\_\_\_ Grade Next Year \_\_\_\_\_

Band Director's Signature \_\_\_\_\_ School \_\_\_\_\_

(check one)  I will  I will not be staying in the University dormitory. Email address \_\_\_\_\_

Roommate Preference \_\_\_\_\_ School \_\_\_\_\_

**CAMP COSTS: (Please check one)**

\_\_\_\_\_ Tuition, Room & Meals for Dormitory Students (includes \$10.00 refundable key deposit) **\$360.00** **A minimum deposit of \$175.00 should be paid by all students by July 1.**  
 \_\_\_\_\_ Tuition only for Commuters (Does not include room or meals.) **\$175.00**  
 \_\_\_\_\_ Amount Enclosed  Check (Make check payable to SWOSU Music Camps)

Credit Card (Not Debit)  Visa  MasterCard \$ \_\_\_\_\_ amount to charge (a 3% processing fee will be added to any credit card transaction)

Credit Card Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code (3 digit # on back of card) \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Billing Address \_\_\_\_\_

Daytime or Cell Phone Number \_\_\_\_\_ Signature \_\_\_\_\_

**\*\*\* T-Shirt Size (Complimentary) (Men's sizes) Must check one:  Small  Medium  Large  X-Large  XX-Large  XXX-Large \*\*\***

**Please select an 8:25 a.m. and 1:00 p.m. elective class:**

<p><b>8:25 Elective Classes</b></p> <input type="checkbox"/> Band Leadership <input type="checkbox"/> Breathing for Musicians <input type="checkbox"/> Color Guard Fundamentals (Continued at 1:00) <input type="checkbox"/> Composition (Grades 10-12 only) <input type="checkbox"/> Conducting <input type="checkbox"/> Drum Major Fundamentals (Continued at 1:00) <input type="checkbox"/> Drum Set Class <input type="checkbox"/> Electronic Music/Music Technology <input type="checkbox"/> Guitar Class <input type="checkbox"/> Intro to Music Therapy	<p><b>8:25 Elective Classes Cont.</b></p> <input type="checkbox"/> Jazz Improvisation Instrument _____ <input type="checkbox"/> Marching Fundamentals <input type="checkbox"/> Marching Percussion <input type="checkbox"/> Music Theory <input type="checkbox"/> Psychology of Performing Music <input type="checkbox"/> Rhythms Class <input type="checkbox"/> Sight Reading Class <input type="checkbox"/> Technique Class <input type="checkbox"/> World Music <input type="checkbox"/> Four-Mallet Percussion Class	<p><b>1:00 Elective Classes</b></p> <input type="checkbox"/> Appreciation of Classical Music <input type="checkbox"/> Care & Maintenance of Brass Instruments <input type="checkbox"/> Care & Maintenance of Percussion Instruments <input type="checkbox"/> Care & Maintenance of Woodwind Instruments <input type="checkbox"/> Color Guard Fundamentals (Continuation of 8:00 section) <input type="checkbox"/> Composition (Grades 10-12 only) <input type="checkbox"/> Conducting <input type="checkbox"/> Double Reed Adjustment	<p><b>1:00 Elective Classes Cont.</b></p> <input type="checkbox"/> Drum Major Fundamentals (Continuation of 8:00 section) <input type="checkbox"/> Ensembles (circle choice) Flute Clarinet Saxophone Trumpet Horn Trombone Baritone/Tuba Concert Percussion Marching Percussion <input type="checkbox"/> History of Jazz <input type="checkbox"/> Jazz Band Instrument _____ <input type="checkbox"/> Jazz Band Fundamentals <input type="checkbox"/> Rhythms Class <input type="checkbox"/> Sight Reading Class
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**HEALTH FORM**

I, the undersigned, parent or legal guardian of (Camper's Name) \_\_\_\_\_ do hereby authorize an adult staff member of the SWOSU BAND CAMP, the temporary custodian of the above-named minor to consent to any emergency treatment by any doctor, dentist or the university nurse licensed by the State of Oklahoma and to any hospital care that may be rendered to said minor, regardless whether such diagnosis or treatment is rendered at the scene of the emergency, in route to or at the office of a doctor, dentist or the university nurse, or at a hospital licensed by the State of Oklahoma. I further give my permission for the above-named minor to receive any medical attention, including preventative, routine, and emergency care, as deemed necessary by qualified medical personnel in the event such treatment is necessary when an adult staff member of the camp is not present.

I agree that neither Southwestern Oklahoma State University nor its employees acting within the scope of their employment shall be held liable for any accident or injury while the above-named minor is either on or off campus. I further agree to release Southwestern Oklahoma State University and its employees from responsibility for any damages or expenses that might result from any medical, dental, or hospital care rendered to the above-named minor. I understand that all medical bills are the responsibility of the parent or legal guardian of the above-named minor.

This consent, unless revoked in writing, shall remain in effect until the above-named minor leaves campus on the final day of the camp which he or she is attending.

I further give my permission for the above-named minor to participate in all SWOSU BAND CAMP'S educational and recreational activities.

I further agree to allow son/daughter's name and likeness to be used for positive promotion of the SWOSU Music Camps. All media are carefully selected to portray students in a positive academic, cultural, or recreational setting.

\_\_\_\_\_  
 Signature of Parent or Legal Guardian Date  Check to authorize the camp office to give over the counter medication to the above camper (Tylenol, Pepto-Bismol, Imodium, etc. **Checking box is not required.**)

Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Home Telephone (\_\_\_\_\_) \_\_\_\_\_

(Please Print)  
 Parent / Guardian \_\_\_\_\_ Emergency Phone (\_\_\_\_\_) \_\_\_\_\_

Name of regular physician \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Blood Type \_\_\_\_\_ \* Daily Medications \_\_\_\_\_

Medication Allergies. \_\_\_\_\_

Health Insurance Company & Policy No. \_\_\_\_\_

As a participant in the SOUTHWESTERN BAND CAMP, I agree to participate in the entire program and conduct myself in a way to bring credit to myself, my family, my community, my school and the Southwestern Oklahoma State University Band Camp. I will not use alcohol or other drugs, and will abide by the rules and regulations set forth in the camp policies for the entire length of time that I am a participant. **\* All medications must be the original container, with the pharmacist's label attached and clearly legible.**

Signature of Camper \_\_\_\_\_

\*\*\*\*\* PLEASE MAIL TO: SWOSU MUSIC OFFICE, BAND CAMP, 100 Campus Drive, Weatherford, OK 73096 SWOSU Music Department, Fax Number: (580)-774-3714 \*\*\*\*\*