

2017 SWOSU MIDDLE SCHOOL BAND CAMP APPLICATION JUNE 25-28, 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 living 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) **\$275.00**
 _____ Tuition only for commuters (Does not include room or meals.) **\$140.00**
 _____ Amount Enclosed Check (Make check payable to *SWOSU Music Camps*)

A minimum deposit of \$140.00 should be paid by all students by June 20.

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 one elective class:

- | | |
|--|---|
| <input type="checkbox"/> Color Guard Fundamentals | <input type="checkbox"/> Marching Fundamentals |
| <input type="checkbox"/> Drum Major Fundamentals | <input type="checkbox"/> Music Listening/Appreciation |
| <input type="checkbox"/> Drum Set Fundamentals | <input type="checkbox"/> Music Theory |
| <input type="checkbox"/> Electronic Music/Music Technology | <input type="checkbox"/> Percussion Techniques |
| <input type="checkbox"/> Jazz Improvisation (Instrument) | <input type="checkbox"/> Rhythms Class |
| <input type="checkbox"/> Maintenance of Brass Instruments | <input type="checkbox"/> Sight Reading Class |
| <input type="checkbox"/> Maintenance of Woodwind Instruments | <input type="checkbox"/> Technique Class |

HEALTH FORM

I, the undersigned, parent or legal guardian of (Camper's Name) _____ do hereby authorize an adult staff member of the SWOSU MIDDLE SCHOOL 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 Southwestern Oklahoma State University MIDDLE SCHOOL BAND CAMP'S educational and recreational activities. I further agree to allow my 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 MIDDLE SCHOOL 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 Middle School 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 _____

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